The reasons for the redactions in the records provided are as follows:

Social Security Numbers and/or Federal Identification Numbers have been redacted under State ex rel. Beacon Journal Publishing Co. v. Akron (1970), 70 Ohio St.3d 605.

The employee's house number and street name have been redacted under *State ex rel. Dispatch Printing Co. v. Johnson* (2005), 106 Ohio St.3d 160.

The employee's day and month of birth and personal telephone numbers have been redacted because they are not records under O.R.C. 149.011(G) and 149.43.

Public Safety — Division of Fire 2011 Secondary Employment Requests



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employmen	t Request of	
	Stephen Man: (Employee Name)	zuk	
Date: January 24, 2011			
After carefu	Approved	ngage in Secondary Employment. end it be Disapproved 	
	Approved Oha ask, Director	□Disapproved ② Date	
cc: Chief	Stubbs: After Decision		



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Stephen Manz	uk CLASS	SIFICATION:	Licutenant
DEPARTMENT	: Public Safety_	DIVIS	ION: Fire	
SECONDARY E	EMPLOYER NAME/A	DDRESS/PHONE NUMBER		
Cleveland Star 2121 Euclid A Cleveland, OF (216) 687-363	te University venue ł 44115	,		
JOB TITLE; In:	structor			
	TIES PERFORMED:			
Instruction of I	HazMat courses.			
HOURS TO BE	WORKED:	1-2 Days per month	ı, Approx. 8 Hrs	per day
I am aware th actions or any obtain other lia	nat In my seconda liability resulting t ability insurance.	iry employment, the City there from, and that I mu	of Cleveland haust personally as:	as no responsibility for my sume that responsibility or
I further unde secondary emp this authorizati	erstand that If moloyment will be re on at any time bas	ny City employment is evoked. I am also aware sed on the operational nec	adversely affect that my appoin eds of the Depart	ted, my authorization for ting authority may revoke tment/Division.
Stephe Employee Signar	ture		Da	1-21-11
AUTHORIZED B		F		
APPOINTING AL	JTHORITY		DA	// <i>24///</i> TE
DEPARTMENT D	IRECTOR	,	DA	TE
EXPIRES JANU	JARY 31, 201T	(NOTE: Approval m	ust be renewer	fannually)
03/2010	2012			



Department of Human Resources Development and Labor Relations

January 14, 2011

RE: Workers Compensation Coverage; Steve Manzuk

This correspondence verifies State of Ohio Workers Compensation coverage under Cieveland State University BWC Policy # 10003128-0 for Mr. Manzuk as a Part Time Employee, Continuing Education.

Gerry Modjeski

Director, Employee Benefits
Department of Human Resources & Labor Relations
Cleveland State University
216-687-4710
fax 216-687-3976

g.modjeski@csuohio.edu



City of Cleveland Memorandum

Frank G. Jackson, Mayor

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п	O-	
- 4	~-	

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT:	Secondary	Employment	Request	of
----------	-----------	-------------------	---------	----

Edward M. Miller (Employee Name)

Date:

January 20, 2011

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

Approved

Disapproved

Chief, Division of Fire

Date

Approved

Disapproved

Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Edward M. MILLER CLASSIFICATI	ION: <u>CAPTAIN</u>
DEPARTMENT: Safety DIVISION:	Fine
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER LOQUIN COUNTY COMMUNITY C LOQUIN COUNTY COMMUNITY C LOQUIN COUNTY COMMUNITY C LOQUIN COUNTY COMMUNITY C TYPES OF DUTIES PERFORMED: Coordination o Program + Instruction	a + Instructor Fine Science
HOURS TO BE WORKED: 12-15 per Week I am aware that in my secondary employment, the City of Cle actions or any liability resulting therefrom, and that I must persobtain other liability insurance.	veland has no responsibility for my
obtain other liability insurance. I further understand that if my City employment is adverse secondary employment will be revoked. I am also aware that me this authorization at any time based on the operational needs of the secondary employee Signature.	ely affected, my authorization for
AUTHORIZED BY: APPOINTING AUTHORITY	//20/// DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval mu

(NOTE: Approval must be renewed annually)

2012



January 19, 2011

Mr. Martin Flask Director of Safety City of Cleveland 601 Lakeside Avenue Cleveland, OH 44114

Dear Mr. Flask,

I am writing to you in regards to Mr. Ed Miller, who in addition to his employment as a fireman for the City of Cleveland, works as an adjunct faculty member at Lorain County Community College (LCCC). If, in his capacity as an LCCC employee, he should experience a work-related injury or illness, the college would file the claim under its Bureau of Workers' Compensation (BWC) policy. Our policy number is 30005621.

If you need any additional information regarding Mr. Miller's coverage under the college's BWC policy, please contact me at dwinesamment-dwinesammen-dwinesamment-dwinesamment-dwinesamment-dwinesamment-dwinesammen-

Sincerely,

Denise L. Wilson

Benefits Coordinator

CC:

Ed Miller

Cominik. Walson



City of Cleveland Memorandum Frank G. Jackson, Mayor

	Martin L. Flask, Dire Department of Publi		
FROM:	Paul Stubbs, Chief		
	Division of Fire		
SUBJECT:	Secondary Employ	ment Request of	
(Employee	Terry So	ott	
	,		
Date:	January 20, 2011		
I reviewed	the attached request	to engage in Secondary Employr	nent
Airer caren	Il consideration, I red	Disapproved	iiciic.
Chief, Divis	[JApproved		iiciie.
De	[JApproved	Disapproved	ricine.
De	[Approved]	Disapproved 1/20/11 Date	ricine.

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Terry Scott	CLASSIFICATION: _	Lt.
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS	/PHONE NUMBER	
Mentor Fire De 8467 Civic Cer Mentor Ohio, 4 440-974-5785	nter Blvd.		
JOB TITLE: Fire	e Inspector		
TYPES OF DUT	IES PERFORMED;		
Fire inspections remodels, with	s of occupancies throughor essing sprinkler tests, alarr	ut the city, plan reviews for new c n tests, fire pump tests.	onstruction and
HOURS TO BE	WORKED:	7:301600 @ 20 hours a w	eck
actions of any	at in my secondary emp liability resulting there fro bility insurance.	oloyment, the City of Cleveland om, and that I must personally	has no responsibility for my assume that responsibility o
Secoundity Cities	avyment will be revoked.	employment is adversely aff I am also aware that my appo the operational needs of the Dep	sintle a authority
AUTHORIZED B	X X		1/20/11
APPOINTING AL	JTHORITY		DATE
DEPARTMENT C	DIRECTOR		DATE
EXPIRES JAN	UARY 31 , 2011 (NO	TE: Approval must be renew	/ed annually)

2012

03/2010



MENTOR FIRE DEPARTMENT

8467 CIVIC CENTER BLVD. MENTOR, OHIO 44060 ADMINISTRATION 440/974-5765

FIRE PREVENTION 440/974-5768

PUBLIC EDUCATION 440/974-5769

CLEVELAND LINE 440/942-8796

> FAX 440/974-5706

January 19, 2011

To Whom It May Concern;

Please be advised, Terry Scott is a part time employee with the City of Mentor, Mentor Fire Department. The City provides Workers Compensation coverage to their employees.

If you have any questions, please contact me.

Yours in safety,

Robert M. Searles Deputy Chief

Tisan'

I respectfully request permission (L) NEW REQUEST 🔀 RENEWAL) to engage in secondary employment.
Name: JOSEPH A. STEVENS Rank; FGF Badge: FFZ Date of Appointment: 09.05-95
Present assignment: Office Car 713
CROAGH Employer: SECURITY LTD Address: 3511 GRANTON City: CLEVE Type of Business: SECURITY
Address of Secondary Employment: CITY WIDE Nature of Duties: SECURITY - TRAFFIC
Cleveland Arson Unit Uniform Worn; Departmental Issue Other Authorized Civilian Dress D
Description of Firearm: SEMI-AUTO 9MM Scrial #: FTX 602 Requalification Date: May/11
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from and that I must personally assume that responsibility or obtain other liability insurance.
Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: ONE YEAR Maximum number of hours per week: 20
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a roof not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: TENANE SECURITY Address: 2423 PAYNE Weekly Hours: ZO
Employer: Address: Weekly Hours:
Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes Now Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information formished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when workin secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
1 understand that authorization to engage in secondary employment expires annually on the 31 st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 3 each year.
Print Members Name: JOSEPH A. STEVENS Signature: With Date:
Arson Unit Chief: Mirhael A Denied: Date: 1/6 2011 Approved: T Denied:
Chief, Division of Fire: Date: 1/1/-201/ Approved: Denied:
Chief, Division of Police: Mclay Mc Skatt, Date: 1-11-11 Approved: Denied:
Comments:
Approval:
The specific response to the specific response



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011



ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123,54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and under the Workers' Compensation benefits

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

respectitudy request permission (L. NEW REQUEST XI RENEWAL) to engage in secondary employment.
Name: ERIC BURCHAK Rank: CAPT. Badge: FF35 Date of Appointment: 6-1-93/10-15-0
Present assignment: Office Car 713 🔀
Employer: IENABLE SECURITY INC. Address: 2423 PAYNE AVE City: CLEVELAND Type of Business: SECURITY
Address of Secondary Employment: VARIES - WITHIN CITY OF CLEVELOWD: Nature of Duties: OFF Duty Police
Cleveland Arson Unit Uniform Worn Departmental Issue Other Authorized Civilian Dress
Description of Firearm G-LOCK 17 Serial # FTX 193 Regulification Date: Armo 2010
1 am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from and that 1 must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. 1 assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: 12 MONTHP Maximum number of hours per week: 20 Combined With NOTEXEED
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rat of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: AETHA NETAL RECYCLING INC. Address: 8300 AETHA RO. /3296 Common Rd, Pichfield Weekly Hours: X
Employer: CROAGH SECURITY LTD. Address: 3511 GRANTON AVE, CLEVE, OH Weekly Hours: *
Do employment duties consist of the direct/indirect dispensing of intoxicating liquot or mait beverages? No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes X No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: ERIC BURCHAK, CAPT. Signature: En Burnea Cast. Date: 1-9-201.
Arson Unit Chief: 1//charl A. Ol BC Date: 1/10/2011 Approved: Denied:
Chief, Division of Fire: Date: //// Approved: Denied:
Chief, Division of Pulice: Mclal Mc Beatl Chipate: 1-11-11 Approved: Denied:
Comments:
Approval: Taka 1/25/2011 Date:



hio Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1003653

07/01/2010 THRU 01/31/2011

TENABLE SECURITY INC 2423 PAYNE AVE CLEVELAND OH 44114-4428

obiobwe com

You can reproduce this certificate as needed,

Ohio Bureau of Workers' Compensation Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



30 W. Spring St. Columbus, OH 43215

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This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1253212

07/01/2010 Thru 02/28/2011

AETNA METAL RECYCLING IN 3296 COLUMBIA RD STE 101 RICHFIELD, OH 44286-9622

ohlobwc.com

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Ohio Bureau of Workers' Compensation

Required Posting

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The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation benefits under the Workers' Compensation and

Bureau of Workers' Compensation

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Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

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Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011



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Ohio Bureau of Workers' Compensation

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The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

I respectfully request permission (NEW REQUEST X RENEWAL) to engage in secondary employment.
Name: Janh. Win Rank: Jh, 7 Badge: FF30 Date of Appointment: 1/1989
Present assignment: Office Car 713
Employer: CRoagh Sec, LTD Address: 35/1 prantoneity. Clerke, Type of Business: Decerit
Address of Secondary Employment: City of Classe. Nature of Duties: Decirity/ Draft
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress:
Description of Firearm: 4 mm. Serial #: NNA 150 Requalification Date: 201
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: Maximum number of hours per week: O. h.c.o.
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a ra of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: <u>Penaltle Accurity</u> Address: <u>2423 Pargre ave</u> Weekly Hours: <u>20</u>
Employer: Address: Weekly Hours:
1. Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31 st of January. Members shall submit renewal arequests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: Joan M. Weir Signature: Of M. Well Date: 0//05,
Arson Unit Chief: Date:
Chief, Division of Fire: Date: ////201/ Approved: Denicd:
Chief, Division of Police: Mila Mc Seath Chief Date: 1-11-11 Approved: Denied:
Comments:
Approval: Date:



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1003653

07/01/2010 THRU 01/31/2011

TENABLE SECURITY INC. 2423 PAYNE AVE CLEVELAND OH 44114-4428

ohiobwe.com

Marsh P. Ryan

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers'
Compensation

You must post this language with the certificate of premium payment.

I respectfully request permission (NEW REQUEST TRENEWAL) to engage in secondary employment.
Name: CHARLES CHALUPA Rank: LIEUTENANT Badge: FF 37 Date of Appointment: 5-8-89
Present assignment: Office Car 713
Employer: CROAGH SECURITY Address: 3511 GRANTON City: CLOVELAND Type of Business: SECURITY
Nature of Duties: DECURITY WIDE CLEVELAND Nature of Duties:
Description of Firearm: CLOCK SEMI-ANTO 9MM Serial #: 26-LFC 792 Requalification Date: MARCH-201
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: / YEAR Maximum number of hours per week: 20
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: TENARIE SECURITY Address: 2423 PAYNE Weekly Hours: 20
Employer: Address: Weekly Hours:
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31 st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: CHARLES CHALUPA Signature: One On Pate: /-/-//
Arson Unit Chief:
Chief Division of Fire:
Chief, Division of Police: Mclaul Mc Bath Chuf Date: 1-11-11 Approved: Denied: Denied:
Comments;
Approval: 1/25/2011 Date:



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011



ohiobwc.com

Marshe PRan

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment,

DP-29 BWC-1629 7/7/08



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

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This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1003653

07/01/2010 THRU 01/31/2011

TENABLE SECURITY INC 2423 PAYNE AVE CLEVELAND OH 44114-4428

ohiobwc.com

Marsha Pharaman Administrator

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

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Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safe	ety
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employmen Fire Investigation Unit	t Request
	<u>Daniel S Viancourt</u> (Employee Name)	
Date:	January 20, 2011	
I reviewed After caref	the attached request to er ul consideration, I recomm	ngage in Secondary Employment. end it be
De	[DApproved	□ Disapproved
Chief, Divis	sion of Fire	Date
Myclaul Chief, Divis	Approved Ma Skath Sion of Police Chif	□Disapproved
	⊠ Approved	Disapproved
	Man Hou	
matun L. M	ask, Director	Date
cc: Chief	Stubbs: After Decision	

respectfully request permission (NEW REQUEST RENEWAL) to engage in secondary employment.
Tame: Vaniels. Viandour + Rank: Lt. Badge: FF#32 Date of Appointment: 05/08/89
resent assignment: Office Car 713 C
imployer: Seauxity Address: 35// Dranton City: Cloveland Type of Business: Society
Address of Secondary Employment: Various lougturns Nature of Duties: Seaurity
leveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress
rescription of Firearm: G/ook /9 Serial #: KR 147 Requalification Date: 05/11/10
am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from not that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Auration of Employment Indo Finite Maximum number of hours per week: 20 (16/41)
understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate f not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
her Secondary Employment:
imployer: Tenas/R. Seaur 1/2 Address: 2423 Payre Weekly Hours: 20(10/6)
imployer: Address: Weekly Hours:
Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information or unished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary imployment.
understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working econdary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
understand that authorization to engage in secondary employment expires annually on the 31 st of January. Members shall submit renewal equests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 ach year.
rint Members Name: y Awio / S Vi Awrout Signature: Date: 1/10/11
Arson Unit Chief: 11/charl A. Ol BC Date: 1/16/2011 Approved: Denicd:
Chief, Division of Fire: Date: //20/// Approved: Denied:
Chief, Division of Police: Mclar Ma Satt Date: 2-/-// Approved: Denicd:
Comments:
Date:



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011



ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	<i>/</i>	
FROM:	Paul Stubbs, Chief		
	Division of Fire		
SUBJECT: Secondary Employment Request Fire Investigation Unit			
	Leonard Simmerly (Employee Name)		
Date:	January 24, 2011		
I reviewed After caref	the attached request to eng ul consideration, I recommer	age in Secondary Employment nd it be	
121	Approved	□Disapproved	
Chief, Division of Fire		Date	
44 /	Approved	Disapproved	
Micha	1 Mc Beath	2-1-11	
Chief, Divis	sion of Police Chief	Date	
	⊠Approved	Disapproved	
	Mar Hou		
Martin L. F	lask, Director	Date	
cc: Chief	Stubbs: After Decision		

I respectfully request permission (NEW REQUEST 🔀 RENEWAL) to engage in secondary employment.
Name: LEONARO J. SIMMERLY Rank: FGF Badge: FF#26 Date of Appointment: 5/14/61
Present assignment: Office Car 713 🔀
Employer: SECURITY HUT Address: 18614 DETROIT City: LAKE WOOD Type of Business: SECURITY
Address of Secondary Employment: 3050 w.11757. Nature of Duties: SECURITY OFFICER
Cleveland Arson Unit Uniform Worn: 🔀 Departmental Issue Dother Authorized 🔲 Civilian Dress
Description of Firearm: GCOCK 19 Serial #: FUF 3 G 3 Requalification Date: 9/8/10
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached.
I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: INDEFINITE Maximum number of hours per week: 20
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: Address: Weekly Hours:
Employer: Address: Weekly Hours
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or mait beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: LEON ARD STAMERIN Signature: Leonard Summerly Date: 01/14/1
Arson Unit Chief: //whael A. Dd BC Date: 1/20/2011 Approved: Denied:
Chief, Division of Fire: Date: Date: Denied: Denied:
Chief, Division of Police: McJal Mysatk Date: 2-1-1/ Approved: Denied:
Comments:
Approval: Date:



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1345096

09/27/2010 Thru 02/28/2011



ohiobwe.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

Ohio

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1173370

07/01/2010 Thru 02/28/2011



ohiobwc.com

Marche P. Con.

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this larguage with the curtificate of premium payment.

https://www.ohiobwc.com/employer/services/payroll/secure/certificate.asp?txtCID=19745... 8/10/2010



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Directo Department of Public S		
FROM:	Paul Stubbs, Chief		
	Division of Fire		
SUBJECT	7: Secondary Employme Fire Investigation Un	ent Request it	
	<u>Mark W. Wright</u> (Employee Name)		
Date:	January 24, 2011		
Arter care	Papproved Papproved Pision of Fire	engage in Secondary Employme mend it be Disapproved Date	≅nt
Mucla Chief, Div	Approved Mc Grath ision of Police Cluf	Disapproved 2-/-// Date	
	MApproved MAN Hay	Disapproved	
Martin L. I	Flask, Director	Date	

Chief Stubbs: After Decision CC:



September 18, 2009

City of Cleveland Attention: Chief Paul Stubbs

RE: Policy Number 20005579

Please accept this letter as confirmation that Jeffrey Yancey, Victor Gill and Mark Wright, are covered by Workers' Compensation Policy Number 20005579 while working for Cuyahoga Community College.

Should you have questions or concerns, please do not hesitate to contact me.

Thank you,

Marge Hoenich

Coordinator II, Human Resources

(216) 987-4837

Human Resources

District Administrative Services 700 Carnegie Avenue

Cleveland, Ohio 44115-2878



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employment Re Fire Investigation Unit	equest	
	Victor M. Gill (Employee Name)		
Date: January 24, 2011			
I reviewed t After carefu	the attached request to engaged consideration, I recommend	ge in Secondary Employment I it be	
De	Approved	Disapproved	
Chief, Divisi	ion of Fire	Date	
<u>Miclau</u> Chief, Divisi	Approved I Mo Gratl ion of Police Hief	Disapproved 2-/-// Date	
	MApproved Man Hay	□Disapproved	
Martin L. Fla	ask, Director	Date	

Chief Stubbs: After Decision

cc:

1 respectfully request permission (NEW REQUEST RENEWAL) to engage in secondary employment.
Name: Victor M. Gill Rank: Licutement Badge: 123 Date of Appointment: 7/18/83
Present assignment:
Employer: Tri-C Address: 2900 Comm. College City: Cleveland Type of Business: Educational
Address of Employment: 2900 Community College Avenue Nature of Duties: Police Officer
Cleveland Arson Unit Uniform Worn: Departmental Issue V Other Authorized Civilian Dress
Description of Firearm: Glock Serial #: KKR 251 Requalification Date: 6/14/10
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: July 1 - June 30 Maximum number of hours per week: 20
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: Address: Weekly Hours:
Employer: Address: Weckly Hours:
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of December. Members shall submit renewal requests between November 1 and December 31 each year. All renewal requests must be received by the Chief's Office no later than December 31 each year.
Print Members Name: Victor M. Gill Signature: Date: 1/20/1
Arson Unit Chief: //whad A. Od BC Date: 1/21/2011 Approved: Denied:
Chief, Division of Fire; Date: 1/24/11 Approved: Denied:
Chief, Division of Police Mclal Mc Scatt Date: 2-1-1/ Approved: Denied:
Comments:
Approval: Date:



September 18, 2009

City of Cleveland Attention: Chief Paul Stubbs

RE: Policy Number 20005579

Please accept this letter as confirmation that Jeffrey Yancey, Victor Gill and Mark Wright are covered by Workers' Compensation Policy Number 20005579 while working for Cuyahoga Community College.

The House of the party

Should you have questions or concerns, please do not hesitate to contact me.

Thank you,

Marge Hornich

Coordinator II, Human Resources

(216) 987-4837

Human Resources

District Administrative Services 700 Carnegie Avenue

Cleveland, Ohio 44115-2878

216 987 4843 FAX 216 987 4799



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief		
	Division of Fire		
SUBJECT:	Secondary Employ	yment Request of	
	Preston King-Bey (Employee Name) January 26, 2011		
Date:			
I reviewed After carefo	ul consideration, I re	t to engage in Secondary Employment. commend it be Disapproved Date	
Martin L. F	Approved Odas Jask, Director	□Disapproved 2 Date	
	7		

cc: Chief Stubbs: After Decision



NAME:	Preston King-Bey	CLASSIFICATION:	FGF
DEPARTMENT;	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/P	HONE NUMBER	
	nty Justice Affairs-Cecoms ve. Suite 102 Cleveland 441	15	
JOB TITLE: <u>Em</u>	nergency Communication 9-1-	1Operator	
TYPES OF DUT	TES PERFORMED:		
9-1-1 call taker	, Mabas alerts, amber alerts,	update hospital restrictions and v	veather bulletins.
HOURS TO BE	WORKED:	8-16 hrs a week	
actions or any	nat in my secondary emplo liability resulting there fron ability Insurance.	yment, the City of Cieveland h n, and that I must personally as	as no responsibility for my ssume that responsibility or
secondary emp	ployment will be revoked. :	employment is adversely affect I am also aware that my appoin e operational needs of the Depar	nting authority may revoke
Employee Signa	J. Ling-Bey		1~26 ~ 11 ate
AUTHORIZED A	Stell		1/26/11
CHI14110 A			ATE
DEPARTMENT (DIRECTOR		ATE

EXPIRES JANUARY 31, 2011 (NOTE: Approval must be renewed annually)

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

31800001-0

NO EXPIRATION DATE

CUYAHOGA COUNTY COMMISSIONER HUMAN RESOURCE DEPARTMENT 112 HAMILTON AVE FL 2 CLEVELAND OH 44114

DP-22 BWC - 1622 (REV. 3/98)

012618965

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

04/dc



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety				
FROM:	Paul Stubbs, Chief				
	Division of Fire	2			
SUBJECT:	Secondary Er	mployment Ro	equest of		
	Joh	nnny Brewingt	on		
		mployee Name			
Date:	January 19, 2	2011			
	the attached reul consideration		ge in Secondary Emplo I it be	— yment.	
_	Approved		Disapproved		
bell .	Sall Sall	F	1/19/11		
Chief, Divis	sion of Fire		Date		
	 Approved		Disapproved		
	Make	<u></u>	2/1)11		
Martin L. F	lask, Director		Date		



NAME:	Johnny Brewington	CLASSIFICATION: <u>Battalion Chief</u>
DEPARTMENT	: Public Safety	DIVISION: Fire
SECONDARY I	EMPLOYER NAME/ADDRESS/PH	IONE NUMBER
***	Cuyahoga Community	College Fire Training Academy
	11000 Pleasant Valley	Road 44130-5199
TYPES OF DU	TIES PERFORMED: State of	of Ohio 240 Hours Firefighter Course.
I am aware i	that in my secondary employ	s per semester based on schedule availability ment, the City of Cleveland has no responsibility for my
obtain other I	liability insurance.	and that I must personally assume that responsibility or
secondary en this authoriza	nployment will be revoked. I Itlon at any time based on the	imployment is adversely affected, my authorization for am also aware that my appointing authority may revoke operational needs of the department/division.
Ahnny Employee Sign	Selven from	<u>January 18, 2011</u> Date
AUTHORIZED	N:	1/19/11
APPOINTING	AUTHORITY	DATE
DEPARTMENT	DIRECTOR	DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC and press 2.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

30005721

NO EXPIRATION DATE

CUYAHOGA COMMUNITY COLLEGE 700 CARNEGIÉ AVE CLEVELAND OH 44115-2878

Www.ohiobwc.com

1000006696 THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety			
FROM;	Paul Stubbs, Chief			
	Division of Fire			
SUBJECT:	Secondary Emplo	yment Request of		
	Johnny Brewington			
	(Employ	yee Name)		
Date:	January 19, 2011			
I reviewed After carefu Chief, Divisi	PApproved	t to engage in Secondary Employment. commend it be Disapproved Date		
_	Approved	□Disapproved		
Martin L. Fla	sk, Director	Date		



NAME:	Johnny Brewington	CLASSIFICATION: Battalion Chief
DEPARTMENT	: Public Safety	DIVISION:Fire
SECONDARY (EMPLOYER NAME/ADDRESS/PHONE I	NUMBER
	City of East Cleveland	
	14340 Euclid Avenue 44112	
- 11	(216) 681-2265	
JOB TITLE: _	Civil Service Commissioner	
TYPES OF DU	TIES PERFORMED: Provide compre	hensive services for classified service
personnel.		
I am aware t	hat in my secondary employment,	month – ten regular meetings per year. the City of Cleveland has no responsibility for my hat I must personally assume that responsibility or
secondary em	iployment will be revoked. I am al	ment is adversely affected, my authorization for so aware that my appointing authority may revoke tional needs of the department/division.
Hanny Employee Sign	- Sewington	<u>January 18, 2011</u> Date
AUTHORIZED	San Marie Contract of the Cont	1/19/11
APPOINTING A	AUTHORITY	DATE
DEPARTMENT	DIRECTOR	DATE

EXPIRES JANUARY 31, 2011

(NOTE: Approval must be renewed annually)

(26 | 681- 2749

STATE OF OHIO

Bureau of Workers' Compensation

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

31805902

01/01/2008 THRU 12/31/2008

East Choclad Ave 14340 Enclid Ave Cleveland, OH #4412

Marsh P. Kyan

www.opiopwc.com

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

BWC-1629 05/20/08 9:32 AM DP-29

newcert5-1-07.doc



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety			
FROM:	Paul Stubbs, Chief			
	Division of Fire			
SUBJECT:	Secondary Employment I	Request of		
	Angelo Calvillo			
	(Employee Name)			
Date:	January 20, 2011			
I reviewed After carefi	the attached request to engul consideration, I recommer Approved	age in Secondary Employment. Id it be Disapproved		
Chief, Divis	sion of Fire	1/20/11 Date		
	Approved	Disapproved		
	Ma	□Disapproved		
Martin L. F	lask, Director	Date		



NAME: ANGELO CALVILLO	CLASSIFICATION: _C	TAPTAIN
DEPARTMENT:SAFETY	DIVISION:/	RE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N BROOKLYN HEIGHT 345 TUKE 80 2/6-351-3542 JOB TITLE: CAPTAIN TYPES OF DUTIES PERFORMED: SUPS	S FIRE DEPA AVE BROB	KLYN HTS. O.410
HOURS TO BE WORKED: 20 HRS/	SEEK	
I am aware that in my secondary employment, actions or any liability resulting therefrom, and the obtain other liability insurance.	the City of Cleveland h at I must personally as	as no responsibility for my sume that responsibility or
I further understand that if my City employn secondary employment will be revoked. I am als this authorization at any time based on the operat	O DIMPER that car associ-	addition to the contract of th
Employee Signature	- D ₀	1/20/2011 ate
APPOINTING AUTHORITY		1/20/11 ATE
DEPARTMENT DIRECTOR	DA	ATE

EXPIRES JANUARY 31, 2000 2012

(NOTE: Approval must be renewed annually)



Brooklyn Heights Fire Department 345 Tuxedo Avenue Brooklyn Heights Ohio 44131

Michael Lasky Tire Chief

Office: (216) 351-3542 Fax: (216) 749-0892

January 7, 2011

City of Cleveland Division of Fire

To Whom It May Concern:

This letter is to verify that Angelo Calvillo is a Part-time / as needed Fire Fighter for the Village of Brooklyn Heights . Angelo is covered by our Worker's Compensation # 31811703 while on duty for the Village of Brooklyn Heights.

With regards,

Michael/Lasky,

Fire Chief

Village of Brooklyn Heights

ML/djt



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R	Request of
	<u>David J. Telban</u> (Employee Name)	
Date:	January 24, 2011	
I reviewed After carefu Chief, Divis	Approved	ige in Secondary Employment. d it be Disapproved Date
Martin L. Fla	MApproved	□Disapproved



NAME: David J.Telban	CLASSIFICATION: Licutenant
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	IUMBER
Cleveland Clinic Foundation 9300 Euclid Ave, Cleveland, Ohio 1-440-824-6116	
JOB TITLE: Paramedic	
TYPES OF DUTIES PERFORMED:	
Routine paramedic skills, Office work	
HOURS TO BE WORKED:	20Hrs
I am aware that in my secondary employment, actions or any liability resulting there from, and tobtain other liability insurance.	the City of Cleveland has no responsibility for m hat I must personally assume that responsibility o
I further understand that if my City employer secondary employment will be revoked. I am als this authorization at any time based on the operat	nent is adversely affected, my authorization for to aware that my appointing authority may revok- tional needs of the Department/Division.
Employee Signature	
AUTHORIZED BY:	1/24/11
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE
EXPIRES JANUARY 31, 2011 (NOTE: App	roval must be renewed annually)

2012

03/2010



Governor Ted Strickland Administrator Marsha P. Ryen chicbwc.com 1-800-OHIOEWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Risk No. & Employer 20004199 CLINIC CARE, INC 9500 EUCLID AVE # JJ-19 CLEVELAND, OH 44195 Period Specified Below

1st DAY OF November 2008

1st March 0200

Subs

20004199-3

CCF HOTEL SERVICES INC

20004199-4

CLEVELAND CLINIC HOME CARE

TEMPORARY CERTIFICATE

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Obio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Marsha P. Ryan Administrator

BWC-7201

SI-1



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Direc Department of Public		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	: Secondary Employr	ment Request of	
	<u>Donald M</u> (Employee Nan		
Date: January 24, 2011			
I reviewed After care	the attached request ful consideration, I reco	to engage in Secondary Employment ommend it be	
_	Approved	Disapproved	
Chief, Div	ision of Fire	<u>//24///</u> Date	
	Approved	Disapproved	
Mautical	Maray	2/1/11	
Mardn L.	Flask, Director	Date	

Chief Stubbs: After Decision cc:



NAME:DONALD MUETZEL	CLASSIFICATION: _	LIEUTENANT	H+L#30
DEPARTMENT: Public Safety	DIVISION: Fire		_
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	IUMBER		
GRELLER AND COMPANY INC. 6668 ENGLE ROAD CLEVELAND OHIO 44130 216-433-0200			
JOB TITLE: DRIVER SHIPPING AND RECEIVING			
TYPES OF DUTIES PERFORMED:			
DRIVER , MACHINE MECHANIC.			
HOURS TO BE WORKED:	20		_
I am aware that in my secondary employment, actions or any liability resulting there from, and to obtain other liability insurance. I further understand that if my City employment will be reveled.	nat i must personally a	assume that respon	sibility or
secondary employment will be revoked. I am als this authorization at any time based on the operat	O AWATA that may seem	والمراجع والمحارب والمحارب	y revoke
Ff. Oould Muff	- .	/-27- 201/ Date	<u> </u>
AUTHORIZED BY:		,	
ADDOMINION AND AND AND AND AND AND AND AND AND AN	_	1/24/11	
APPOINTING AUTHORITY		DATE	
DEPARTMENT DIRECTOR	-	DATE	
EXPIRES JANUARY 31, 2011 (NOTE: App	roval must be renew	red annually)	

2012

03/2010

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1198152

07/01/2010 Thru 02/28/2011

GRELLER & COMPANY INC 6668 ENGLE RD CLEVELAND, OH 44130-7906

ohiobwc.com

Much Phas Administrator

You can reproduce this certificate as needed.



City of Cleveland Memorandum

Frank G. Jackson, Mayor

7	P 470	
- 10		

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT:	Secondary	Employ	ment	Request	of
----------	-----------	---------------	------	---------	----

Robert L. Fisher (Employee Name)

Date:

January 24, 2011

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

Approved

Disapproved

Chief, Division of Fire

Date

Approved

Disapproved

Martin L. Flask, Director

Date



NAME:	Robert L. Fisher	CLASSIFICATION:	FGF	F HK # 30
DEPARTMENT:	Public Safety	DIVISION: Fire		
SECONDARY EN	1PLOYER NAME/ADDRESS/PHONE N	lumber		
	et 1180 Main Avc. Cleveland Ohio			
JOB TITLE: Mar	nager/ Policy number for Worker's Cor	np. 1083791		
TYPES OF DUTI	ES PERFORMED:			
Supervisory				
HOURS TO BE \	WORKED:	Undetermined		
I am aware tha actions or any li obtain other liab	at in my secondary employment, iability resulting there from, and t ollity insurance.	the City of Clevelan hat I must personally	d has no resp y assume that	oonsibility for my responsibility or
	rstand that if my City employn oyment will be revoked. I am als in at any time based on the operat			
118 1	9/-/		<i>[</i>	1
Employee Signati	ure L	-	1/22/ Date	///
AUTHORIZED BY				
APPOINTING AU	THORITY	,	1/24/	//
			DATE	
DEPARTMENT DI	RECTOR	•	DATE	
EXPIRES JANU	ARY 31, 2017 (NOTE: Appr	oval must be rene	wed annuall	у)

03/2010

2012

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

THIS CERT CATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

1083791

7/1/2008 THRU 2/28/2009

ENTERTAINMENT USA OF CLEVELAND INC CHRISTIE'S CABARET 5100 POPLAR AVE STE 2114 MEMBHS, TN 38137-2114

phiobwa.com

Marsha P. Ryan...

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injurys as

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

THIS LANGUAGE IJUST BE POSTED WITH THE CERTIFICATE OF COVERAGE



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TQ:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT: Secondary Employment Request of

Jace E. Cifranic (Employee Name)

Date:

January 25, 2011

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

HApproved

Disapproved

Chief, Division of Fire

Date

EApproved

Disapproved

Martin L. Flask, Director

Date



NAME: JACE E. CIFRANIC	CLASSIFICATION: _	HGF
DEPARTMENT: PUBLIC SAPETY	DIVISION: FIRE	5
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	NUMBER	
CITY OF CLEVELAND - OFFICE C	OF BUDGET & N	IANAGEMENT
601 LAKESIDE AVENUE		
664-2536 /664-6360		
JOB TITLE: BUDGET ANALYST		
TYPES OF DUTIES PERFORMED: BUDGET	ANALYSIS/BUDG	MET PREPARATION
HOURS TO BE WORKED: 16 - 20 HRS	PER WEEK	
I am aware that in my secondary employment, actions or any liability resulting therefrom, and tobtain other liability insurance.	the City of Cleveland that I must personally	has no responsibility for my assume that responsibility or
I further understand that if my City employ secondary employment will be revoked. I am al this authorization at any time based on the opera	so aware that my appl	ninting authority may revolve
Employee Signature	_	1/23/11 Date
AUTHORIZED BY:		
APPOINTING AUTHORITY	_	1/20/11
		DATE
DEPARTMENT DIRECTOR		DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



City of Cleveland Memorandum Frank G. Jackson, Mayor

10:	Department of Pu	rector plic Safety
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Patrick	yment Request of Kelly
Date:	(Employee N January 25, 201:	ame)
I reviewed After carefu	the attached request consideration, I re	st to engage in Secondary Employment. commend it be Disapproved
Chief, Divisi	on of Fire	
	(Approved	Disapproved
	Osk, Director	Date



NAME:Patrick Kelly	CLASSIFICATION:Assistant Chief
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/	PHONE NUMBER
Cuyahoga Community College 11000 Pleasant Valley Rd Parma Ohio 44130	
JOB TITLE: Fire Instructor	
TYPES OF DUTIES PERFORMED:	
Assist in the instruction of Fire Cadet Stud	lents
HOURS TO BE WORKED: I am aware that in my secondary employees	8-20 hours/week
actions or any liability resulting there fro obtain other liability insurance.	m, and that I must personally assume that responsibility $lpha$
account cultiply tillett will be levuked	employment is adversely affected, my authorization for I am also aware that my appointing authority may revoke operational needs of the Department/Division.
fating Jolally	1-24-11
Employee Signature	Date
AUTHORIZEDBY	
12 Sall	1/20/11
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2011

(NOTE: Approval must be renewed annually)



Medical Providers Billing Information Notice

Effective September 1, 2008 Cuyahoga Community College has been granted the privilege of self-insurance in its Workers' Compensation program. As such, all bills will be processed through the College. Effective July 1, 2010, CareWorks Consultants Inc. ("CCI") is the third party administrator for workers' compensation for the College. Please submit bills to:

CareWorks Consultants Inc.

5500 Glendon Court

Dublin, OH 43016

Phone # 1-800-837-3200

FAX # 614-764-7629

Medical only claims, those with less than seven days lost time no longer need to be filed with the Ohio Bureau of Workers' Compensation. Completed First Report of Injury (FROI) forms should be forwarded to the College instead of the Bureau of Workers' Compensation. Your cooperation will ensure that the bills will be paid in an expedient manner, utilizing the Ohio Bureau of Workers' Compensation FEE guidelines.

Any questions regarding billings may be directed to the College at: (216) 987-4795.



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Sat	fety
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employmer	
	David McNeil (Employee Name)	ly
Date:	February 2, 2011	
I reviewed to After careful Chief, Divisi	Approved	ngage in Secondary Employment. lend it be Disapproved Date
٠	Approved 781 3/14/2011	Disapproved
Martin L. Fla	sk, Director	Date



NAME: _	DAVIO	MCNFILLY	CLASSIFICATION	N: ASSISTANT CHIEF
DEPARTM	ENT:S	9F 6T Y	DIVISION:	FIRE
SECONDA	ARY EMPLOYER	NAME/ADDRESS/PHQNE	NUMBER	
		CASE MEDICAL	CENTER	
		11100 EUCLID	AUC	
		CLEUELAND OF		
JOB TITLE	:	REGISTERED	NURSE	216-847-8666
		FORMED: #05P1		
				• •
I am awa actions or obtain ot	are that in my rany liability n her liability ins	secondary employmer esulting therefrom, and to surance.	nt, the City of Cleve that I must person	eland has no responsibility for my ally assume that responsibility or
secondar	y employment	t will be revoked. I am a	also aware that my	 affected, my authorization for appointing authority may revoke the department/division.
\$	don			
Employee	Signature			Date
AUTHORI	ZEO BY:			2/2/11 DATE
			Į: Ψ	
DEPARTM	ENT DIRECTO	R	₩.	DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Governor Ted Strickland Administrator Marsha P. Ryan chiobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002687

UNIVERSITY HOSPITALS HEALTH SYSTEM 3605 WARRENSVILLE CENTER RD LOWR LEVEL
SHAKER HTS, OH 44122

Period	Specified Below	
lst	_DAY OF	October 2010
lst	DAY OF	October 2011

Subs

20002687-1	MEMORIAL HOSPITAL OF GENEVA
20002687-2	THE BROWN MEMORIAL HOSPITAL
20002687-4	THE COMMUNITY HOSPITAL OF BEDFORD INC
20002687-6	UNIVERSITY HOSPITALS HEALTH CARE ENTERPRISES, INC.
20002687-7	UNIVERSITY HOSPITALS HOME CARE SERVICES, INC.
20002687-9	UNIVERSITY HOSPITALS MANAGEMENT SERVICES ORGANIZATION, INC.
20002687-10	UNIVERSITY PRIMARY CARE PRACTICES
20002687-12	UNIVERSITY HOSPITALS HEALTH SYSTEM MCO, INC.
20002687-15	UHHS RICHMOND HEIGHTS HOSPITAL
20002687-17	THE GEAUGA HOSPITAL ASSOCIATION, INC.
20002687-18	UNIVERSITY HOSPITALS OF CLEVELAND
20002687-19	UNIVERSITY HOSPITALS HEALTH SYSTEM-HEATHER HILL

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Marsha P. Ryan Administrator

Marsha P Ryan_

BWC-7201

SI-1



Governor Ted Strickland Administrator Marsha P. Ryan chlobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

DAY OF	October 2010
DAY OF	October 2011
-	DAY OF

20002687-20

UNIVERSITY HOSPITALS MEDICAL GROUP, INC.

20002687-21

UNIVERSITY HOSPITALS WRAP UP PROJECT

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Marsha P. Ryan

Marsha PRyan

Administrator

BWC-7201

SI-I



TO:

City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Direct Department of Public	ctor : Safety
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT	T: Secondary Employ	ment Request of
(Employe	e Name)	ne
Date:	February 8, 2011	
Alter Care	d the attached request eful consideration, I recommon proved sision of Fire	to engage in Secondary Employment. Disapproved Date
•	Approved Male 2/14/2	□Disapproved
Martin L. I	Flask, Director	Date

Chief Stubbs: After Decision CC:



NAME:	Scott Uline	CLASSIFICATION:	FGF
DEPARTMENT	T: Public Safety	DIVISION: Fire	
SECONDARY	EMPLOYER NAME/ADDRESS/PHO	NE NUMBER	
Environment 7567 Tyler B Mentor, Ohio			
		•	
JOB TITLE: L	HVAC Service Tech	<u>i</u> .	
TYPES OF DU	JTIES PERFORMED:		
Repair of Cor	mmercial HVAC equipment	1	
		-	
HOURS TO B	E WORKED:	20 or as needed	
obtain other !	that in my secondary employme y liability resulting there from, a liability insurance.	nd that I must personally a	ssume that responsibility or
عحدن الأها لأعجزا	derstand that if my City emp inployment will be revoked. I am ation at any time based on the op mature	n also aware that my appo erational needs of the Depa	inting puthosis, was
AUTHORIZED	BY: /		
APPOINTING A	AUTHORITY		2/8/11 DATE
DEPARTMENT	DIRECTOR		PATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)

03/2010



ENVIRONMENTAL CONDITIONING SYSTEMS

January 28, 2011

City of Cleveland Division of Fire/Public Safety

Re: Scott Uline

HVAC Service Technician

To Whom It May Concern:

Please be advised that Scott Uline is covered by our Company Liability Insurance and Ohio Bureau of Workers' Compensation Policy #847128 when performing HVAC service duties for this Company.

Very truly yours,

HANK BLOOM SERVICES, INC. dba ENVIRONMENTAL CONDITIONING SYSTEMS

wara abloom

Barbara A. Bloom Secretary/Treasurer

/bb

Cc: Scott Uline



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

	John O'Flaherty (Employee Name) February 8, 2011		
Date:			
I reviewe After car	ed the attached request eful consideration, I rec	to engage in Secondary Employme ommend it be	
I reviewe After car	ed the attached request eful consideration, I red	to engage in Secondary Employme ommend it be	

Disapproved

Date

Chief Stubbs: After Decision CC:

Martin L. Flask, Director



NAME: JOHN O'FLAKERTY	CLASSIFICATION:	LIEUTENANT
DEPARTMENT: PUBLIC SAFETY	DIVISION:Fነድኒ	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE		
25101 CHAGRIN BLVD SUITE 230		,
JOB TITLE: ASSOCIATE SCIENTIFIC DI		
SOISHTIFIC CONSULTING.	SCIENTIFIC COMMUNICAT	TOWS AND
I am aware that in my secondary employment	~20-24 h βοε ωρεί , the City of Cleveland ha	
obtain other liability insurance. I further understand that if my City employ secondary employment will be revoked to an a	ment is adversely affect	eume that responsibility or ed, my authorization for
this authorization at any time based on the opera	ational needs of the depart	ment/division.
Employee Signature AUTHORIZED BY	Da	2 · 4 · 11
APPOINTING AUTHORITY	DA	2/8/// TE
DEPARTMENT DIRECTOR		TE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



January 27, 2011

To Whom It May Concern:

This letter is to certify that our current employee, John O'Flaherty, Associate Scientific Director for ProEd Communications is covered under Worker's Compensation through the Ohio Bureau of Worker's Compensation. He is covered for any injuries he should sustain during the course of his work for ProEd while on Company premises or while traveling for ProEd business as per applicable law. Our BWC number is 1072386 and our current BWC Certificate is enclosed.

Please do not hesitate to contact me at the number below should you have any questions.

Regards,

Terri Bednar, PHR

HR Generalist

terri.bednar@proedcom.com

216-595-7919 X8854

Enclosure:



11

I = I

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1072386

07/01/2010 THRU 02/28/2011

PRO ED COMMUNICATIONS INC 25101 CHAGRIN BLVD SUITE 230 BEACHWOOD OH 44122

ohiobwe.com

Marsha P. Rjan

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

10072



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO;	Martin L. Flask, Dir Department of Pub	ector lic Safety
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Emplo	yment Request of
	William	J. Sibert
	(Employee Na	ame)
Date:	February 10, 201	1
I reviewed After carefu	Approved	t to engage in Secondary Employment. commend it be Disapproved Date
	MApproved	Disapproved
Martin L. Fla	isk, Director	Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: SIBERT, WM.J.	CLASSIFICATION: FGF
DEPARTMENT: Cleveland	DIVISION: FIRE L-39
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	NUMBER
St. Joseph Acade	$m \checkmark$
3430 ROCKY RIVER DI	CIVE
Cleveland, OH. 441	1/
JOB TITLE: BUS Driver / C	
TYPES OF DUTIES PERFORMED: DCIVE S	
	al duties
HOURS TO BE WORKED: 20 per	
actions or any liability resulting therefrom, and the obtain other liability insurance.	the City of Cleveland has no responsibility for my nat I must personally assume that responsibility or
I further understand that if my City employn secondary employment will be revoked. I am als this authorization at any time based on the operat	nent is adversely affected, my authorization for to aware that my appointing authority may revoke donal needs of the department/division.
Employee Signature	01-27-11 Date
AUTHORIZED BY:	
APPOINTING AUTHORITY	2/10/11 DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

991797

07/01/2010 Thru 02/28/2011

SAINT JOSEPH ACADEMY 3430 ROCKY RIVER DR CLEVELAND, OH 444111-2937

ohiobwc.com

Marsha P. Ran___

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Department of Pu	Pirector Ublic Safety
FROM:	Paul Stubbs, Chie	ef
	Division of Fire	
SUBJECT:	Secondary Emp	loyment Request of
	Virgil (Emp	L. Pittman, Jr. loyee Name)
Date:	February 2, 201	.1
I reviewed After carefu Chief, Divis	WApproved	est to engage in Secondary Employment, recommend it be Disapproved Date
•	Approved	Disapproved

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	VIRGIL L. PITTMAN, JR.	CLASSIFICATION: _	LIEUTENANT
DEPARTMEN	IT: Public Safety	DIVISION: Fire	•
SECONDAR	Y EMPLOYER NAME/ADDRESS/PHONE N	UMBER	
1255 EUCL	ND, OHIO 44115	NS (CECOMS)	
JOB TITLE:	EMERGENCY COMMUNICATIONS OPE	RATOR	
TYPES OF D	OUTIES PERFORMED:		
SEND OUT	AND DIRECT EMERGENCY 911 CA CAMBER, MABAS AND EMERGEN IES ALERTS. POST HOSPITAL NOT	CY COMMUNICATIO	
HOURS TO	BE WORKED:	8-24 hrs. per week	
actions or a	e that in my secondary employment, any liability resulting there from, and t ir liability insurance.	the City of Cleveland hat I must personally	I has no responsibility for my assume that responsibility of
secondary	understand that if my City employs employment will be revoked. I am al ization at any tigne based on the opera	so aware that my app	pointing authority may revoke
Employee \$	gill Filtman, Je	<u>-</u>	1-21-11 Date
AUTHORIZ	(OB):/		//
APPOINTIN	G AUTHORITY	_	2/2/// DATE
DEPARTME	NT DIRECTOR	_	DATE

(NOTE: Approval must be renewed annually)

03/2010

EXPIRES JANUARY 31, 20H

2012

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLIJMBUS, OHIO 45215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

了。1916年中华大学的大学的大学的大学的一个大学的一个大学的大学的一个

31800001-0

NO EXPIRATION DATE

CUYAHOGA COUNTY COMMISSIONER HUMAN RESOURCE DEPARTMENT 112 HAMILTON AVE FL 2 CLEVELAND OH 44114

DP-22

BWC - 1622 (REV, 3/96)

012616958

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

04/dc



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Saf	ety
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT	: Secondary Employmer Fire Investigation Unit 	
Date:	February 8, 2011	•
	d the attached request to e eful consideration, I recomm	engage in Secondary Employment nend it be
Chief, Div	/ision of Fire	Disapproved 2/8// Date
(MG/A) Chief, Div	EApproved Lennessy A Co Vision of Police	Disapproved 2/15// Date
	Approved 2/12/	Disapproved
Martin L.	Flask, Director	Date

cc:

Chief Stubbs: After Decision

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

respectfully request permission (NEW REQUEST RENEWAL) to engage in secondary employment.
Name: Jeffrey Yancey Rank: FGF Badge: 18FF/746 Date of Appointment: May 8, 1989
Present assignment: Office Car 713
Employer: C.C.C. Metro Address: 2900 Comm Coll Ave. City: Cleveland Type of Business: College
Address of Employment: 2900 Community College Ave. Nature of Duties: Police/Security
Cleveland Arson Unit Uniform Wom: Departmental Issue Other Authorized Civilian Dress
Description of Firearm: Glock 19 Serial #: GAG 797 Requalification Date: 6-10-10
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: Indefinitely Maximum number of hours per week: 20
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: Address: Weekly Hours:
Employer: Address: Weekly Hours:
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of December. Members shall submit renewal requests between November 1 and December 31 each year. All renewal requests must be received by the Chief's Office no later than December 31 each year.
Print Members Name: Jeffrey Yancey Signature: Jeffrey Yancey Date: 1-23-1
Arson Unit Chief: Muchael A. Od Date: 2/1/1611 Approved: 4 Denied:
Chief, Division of Fire: Date: 2/8/// Approved: Denied;
Chief, Division of Police: 1 Denied: Denied: Denied: Denied:
Comments:
Approval:
SAFETY DIRECTOR



June 9, 2010

City of Cleveland Attention: Chief of Police

RE: Policy Number 20005579

Please accept this letter as confirmation that Jeffrey Yancey is covered by Workers' Compensation Policy Number 20005579 while working for Cuyahoga Community College.

Should you have questions or concerns, please do not hesitate to contact me.

Thank you,

Marge Hoesick

Marge Hoenich Coordinator II, Human Resources (216) 987-4837

Human Resources
District Administrative Services
700 Carnegie Avenue
Cleveland, Ohio 44115-2878
216*987*4843 FAX 216*987*4799

Cuyahoga Community College is an affirmative action / equal opportunity institution



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safe	ty
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment	Request of
	Michael Majerc (Employee Name)	ak
Date:	February 17, 2011	
I reviewed After carefu Chief, Divisi	[PApproved	age in Secondary Employment. Disapproved 2/17/1 Date
(MApproved MAAA 2/23/2011	Disapproved
Martin L, Fla	sk, Director	Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Michael Majercak	CLASSIFICATION: Medic
DEPARTMENT: Safety	DIVISION: FICE
SECONDARY EMPLOYER NAME/ADDRESS/PHON	
Cleveland Clinic Found	lation
9500 Buchel Clevela	
440-824.6116	
JOB TITLE: Para medic	
TYPES OF DUTIES PERFORMED: Pt. c	are at sport events
HOURS TO BE WORKED: 10-15	,
I am aware that in my secondary employme actions or any liability resulting therefrom, an obtain other liability insurance.	ent, the City of Cleveland has no responsibility for my d that I must personally assume that responsibility or
I further understand that if my City employment will be revoked. I am this authorization at any time based on the open	loyment is adversely affected, my authorization for also aware that my appointing authority may revoke erational needs of the department/division.
Employee Signature	
AUTHORIZED BY:	~2/17/11
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Governor Ted Strickland Administrator Minishe P. Ryan ohiobwc.com 1-800-OHIOEWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

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Risk No. & Employer 20004199 CLINIC CARE, INC 9500 EUCLID AVE # IJ-19 CLEVELAND, OH 44195

Period Specified Below

Isl DAY OF November 2008

Isl March 0200

Subs

20004199-3

CCF HOTEL SERVICES INC

20004199-4

CLEVELAND CLINIC HOME CARE

TEMPORARY CERTIFICATE

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Marsha P. Ryan Administrator

wall transport for the state of the state of

BWC-7201

Si-1



City of Cleveland Memorandum Frank G. Jackson, Mayor

10.	Department of Public	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT	r։ Secondary Employո	nent Request of
(Employe	e Name)	/
Date:	February 14, 2011	
I reviewe After care	d the attached request teful consideration, I reco	o engage in Secondary Employment. mmend it be
/.	[DApproved	Disapproved
Chief, Div	rision of Fire	<u>2/15/10</u> Date
	Approved 122/201	Disapproved
Martin L. I	Flask, Director	Date
cc: Chie	ef Stubbs: After Decision	, 1



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	John Eddy	CLASSIFICATION: FGF	
DEPARTMENT	: Public Safety	DIVISION: Fire	
SECONDARY E	EMPLOYER NAME/ADDRESS/	PHONE NUMBER	
Board of Elect 2925 Euclid A Cleveland, Oh	tions ve		
JOB TITLE: G	IS Technician		
TYPES OF DU	TIES PERFORMED:		
Computer Map	oping / Cartography		
HOURS TO BE	WORKED:	20/ week avg	
	hat in my secondary empl liability resulting there fro ability insurance.	oyment, the City of Cleveland has no responsibility for m, and that I must personally assume that responsibilit	my y or
TARRIDA, LANGE	DIGALIZEDE MID DE LEGUIRECE	employment is adversely affected, my authorization I am also aware that my appointing authority may revie operational needs of the Department/Division.	for oke
	2 ll	2/12/4	
Employee Signa	ature		
AUTHORIZED I			
APPOINTING A	UTHORITY	2/15/11 DATE	
DEPARTMENT (DIRECTOR	DATE	

(NOTE: Approval must be renewed annually)

EXPIRES JANUARY 31, 2011



Jeff Hastings Chairman Inajo Davis Chappeli

Robert S. Frost

Eben O. (Sandy) McNair, IV

Jane M. Platten Director Pat McDonald Deputy Director

February 4, 2011

Mr. John Eddy

westlake, Ohio

Dear Mr. Eddy:

You are currently employed with the Cuyahoga County Board of Elections (CCBOE) as a Senior GIS Technician. If a CCBOE employee is injured while performing his job duties for the CCBOE, an accident report is generated and submitted to the Workers Compensation Division of the Office of Human Resources under the Cuyahoga County Executive. The division coordinator is Donna Barthany and she can be contacted with questions at 216-443-5605.

Please do not hesitate to contact me with questions at 216-443-6468.

Respectfully yours,

Anthony Perlatti

Human Resources Manager





City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Direct Department of Public	
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employ Fire Investigation	ment Request Unit
	<u>Christopher Po</u> (Employee Name)	sante
Date:	February 28, 2011	
After caref	the attached request ful consideration, I reconstruction of Fire	to engage in Secondary Employment ommend it be Disapproved 3/4/11 Date
Auck Chief, Divis	Approved APPROVED Son of Police	□Disapproved _3-25-// Date
	MApproved MAa 3/29/2011	Disapproved
Martin L. F	lask, Director	Date

file

Chief Stubbs: After Decision

CÇ:

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON I respectfully request permission (NEW REQUEST | DEFINEWAL) to respect to the second se

The state of the s
Name: POSAWTE, CHRIS CAPT : FF-33 Date of Appointment: 5-8-89
Present assignment: Office Car 713 C CLEVELAWD 5TATE
Employer: UNIVERSITY Address: ZIZI EUCLIO City: CLEVE Type of Business: [INIVERS]
Address of Secondary Employment: 2121 EUCLID Nature of Duties: POLICE
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress
Description of Firearm: 6606 K 17 Serial #: KWD 886 Requalification Date: 10-10
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.
Worker's compensation coverage letter attached. 1 assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: - ON-GOING Maximum number of hours per week: ZO
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: Address: Weekly Hours:
Employer: Address: Weekly Hours:
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: Posante, CHRIS Signature: VSD P. D. Date: Z-Z3-1
Arson Unit Chief: Michael A Od BC Date: 3/3/2011 Approved: Denied:
Chief, Division of Fire: Date: 3/4/11 Approved: Denied:
Chief, Division of Police: Mclaul Mc Gath Date: 3-25-// Approved: Denied:
Comments:
Approval: SAFETY DIRECTOR Date:

STATE OF OHIO

BUREAU OF WORKERS' COMPENSATION

COLUMBUS OFFO 43215-2256

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIMED BELOW

10003128-0

PUBLIC EMPLOYER

N/A THRU N/A

CLEVELAND STATE UNIVERSITY

NO LAPSE COVERAGE

1983 E 24TH ST # FT201

CLEVELAND, OH 44115-2403

www.ohlobwc.com

March P. Hyan

"BIO CERTIFICATE MAY BE REPRODUCED AS BEFORD

rjj-CLEV-01-11-2008

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safet	у
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment	Request of
	<u>Darrin Kebbel</u> (Employee Name)	
Date:	March 4, 2011	
I reviewed After carefu	the attached request to engul consideration, I recomme	age in Secondary Employment. nd it be Disapproved
Chief, Divis	ion of Fire	<u>3/7///</u> Date
	MApproved Malan 3/7/2011	□Disapproved
Martin L. Fl	ask, Director	Date
cc: Chief	Stubbs: After Decision	

fle



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Kelbel Darrin	CLASSIFICATION:	Firefiable
DEPARTMENT: Fire	DIVISION:	fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE		
tri-C fire training		
11000 Pleasont Valley	Road	
Parma, Ohro 44630		
JOB TITLE: EMS Support Specialist /	Fustructor Fire	
TYPES OF DUTIES PERFORMED: ASSIST U	11th Agility Jestin	a and Codet classes,
	J 1	
HOURS TO BE WORKED: 0-70		
I am aware that in my secondary employment, actions or any liability resulting therefrom, and tobtain other liability insurance.	, the City of Clevelan hat I must personally	d has no responsibility for my / assume that responsibility or
I further understand that if my City employ secondary employment will be revoked. I am al this authorization at any time based on the opera		
Employee Signature	_	2/04/11
AUTHORIZED BY:		/ /
APPOINTING AUTHORITY	_	3/7/1/ DATE
DEPARTMENT DIRECTOR	_	DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)



February 16, 2011

City of Cleveland Department of Public Safety Division of Fire

RE: Policy Number \$120005579

Please accept this letter as confirmation that Darrin Kebbel is covered by Workers' Compensation Policy Number St 20005579 while working for Cuyahoga Community College.

If you should have questions, please feel free to contact me.

Best Regards,

Joanie Soeder

Leave Administrator

Cuyahoga Community College

Phone: 216-987-4795 Fax: 216-987-4827

Human Resources
District Administrative Services
200 Carnegie Avenue
Cleveland, Ohio 44115-2878

216-987-4840 FAX 216-987-4799



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employment R	Request of
	Patrick Mangan (Employee Name)	
Date:	March 4, 2011	
I reviewed After carefu	the attached request to enga al consideration, I recommen Approved	age in Secondary Employment. d it be Disapproved
Chief, Divis	sion of Fire	3/7/11 Date
		Disapproved
للر	Ohan 3/7/2011	
Martin L. Fl	ask, Director	Date

cc: Chief Stubbs: After Decision

filo



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

(A) Miles	
NAME: Patrick V. Mangan CLASSIFICATION:	Batt Ch.
DEPARTMENT: Public Safety DIVISION: F1	RE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER	
- Cleveland State University	
2121 Euclid AVE CERM 208	
Cloveland, Ohio 44115-2214	
JOB TITLE: HAZ MAT Program - SA	les
	Som design
Emangency Preproduess Courses 7	able +
PRIVATE Section Clients	
HOURS TO BE WORKED: Flexable - MAX 20 has	per CS4+CA
I am aware that in my secondary employment, the City of Cleveland had actions or any liability resulting therefrom, and that I must personally as obtain other liability insurance.	CONTRACT POI
I further understand that if my City employment is adversely affective secondary employment will be revoked. I am also aware that my appoint this authorization at any time based on the operational needs of the depart	4
Tutrick VM	7-23-11
Employee Signature Da	ite
AUTHORIZED BY:	3/7/11
APPOINTING AUTHORITY DA	NTE
DEPARTMENT DIRECTOR	TE

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)

2012



Division of Continuing Education

February 14, 2011

Paul Stubbs, Chief Division of Fire

Dear Chief Stubbs,

Please be advised that while under the employ of Cleveland State University, Mr. Patrick Mangan is, and will continue to be, covered by the University's Worker's Compensation policy.

If you should have any other questions, please feel free to contact me at (216) 687-4842.

Sincerely,

Joseph K. Ertter, Jr. Business Manager



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, D Department of Pu		
FROM:	Paul Stubbs, Chie	f	
	Division of Fire		
SUBJECT:	Secondary Empl	oyment Request of	
	Thomas Jurcisin		
	(Employee	Name)	
Date:	March 25, 2011		
I reviewed After carefu	the attached requal consideration, I	est to engage in Secondary Employment recommend it be	
	Approved	Disapproved	
Chief, Divis	ion of Fire	3/25/11 Date	
	(Approved)	☐Disapproved	
Maul: 1 PH	1800 131	4011	
marun L. Fl	ask. Director	Date	

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (FORM A)

NAME: THOMAS JURCISIN	CLASSIFICATION:F6F
DEPARTMENT: SAFETY	DIVISION: FIRE (E-39)
SECONDARY EMPLOYER NAME/ADDRESS/PHON	
CLEVERAND, OHIO	1 AVE
TYPES OF DUTIES PERFORMED: SCA	HEDULING, ESTIMATING
HOURS TO BE WORKED: 15 Hour. I am aware that in my secondary employme actions or any liability resulting therefrom, an obtain other liability insurance.	nt, the City of Cleveland has no responsibility for m d that I must personally assume that responsibility o
I further understand that if my City empl	oyment is adversely affected, my authorization fo also aware that my appointing authority may revoke erational needs of the department/division.
Employee Signature	
AUTHORIZED BY: APPOINTING AUTHORITY	3/35/11 DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1001003

01/01/2011 THRU 08/31/2011

YURCH BROTHERS LINE STRIPING INC 7607 MADISON AVE CLEVELAND OH 44102-4051

ohiobwc.com

You can reproduce this certificate as needed.



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Dire Department of Publ	ector ic Safety
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Emplo	yment Request of
	Elliott B (Employee Na	
Date:	May 25, 2011	
I reviewed After caref	the attached reques ul consideration, I re	t to engage in Secondary Employment. commend it be
	Approved	Disapproved
Pil	AM)	5/27/11
Chief, Divis	sion of Fire	Date
	⊠ Approved	□Disapproved
7	10 shan 5/27/201	1
Martin L. F	lask, Director	Date

cc: Chief Stubbs: After Decision



EXPIRES JANUARY 31, 2012

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: CLARK, EZCIOTT 8 CLASSIFICATIO	N: FGF
DEPARTMENT: DIVISION OF FIRE DIVISION: F	FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER	
21501 EMERY RD CLEVELAND OITIO (216) 6, JOB TITLE: EMT/FIRST AND	62-8600
TYPES OF DUTIES PERFORMED: ENS + FIRST 4	20
HOURS TO BE WORKED: De items (WK	
I am aware that in my secondary employment, the City of Cleve actions or any liability resulting therefrom, and that I must person obtain other liability insurance.	sland has no responsibility for my ally assume that responsibility or
I further understand that if my City employment is adversely secondary employment will be revoked. I am also aware that my this authorization at any time based on the operational needs of the	
Employee Signature	5/18/11 Date
APPOINTING AUTHORITY	5/27/11 DATE
DEPARTMENT DIRECTOR	DATE

(NOTE: Approval must be renewed annually)

Ohio

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio Stato Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1332008

03/30/2011 Thru 08/31/2011

HARRAH'S ENTERTAINMENT INC 21501 EMERY ROAD NORTH RANDAUL, OH 44128

ohlobwc.com

Steph Bush

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohlo Revised Code requires notice of rebuttable presumption. Robuttable presumption means an employee may dispute or prove untrue the presumption (or bellef) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical tosting may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the cortificate of premium payment.

DP-29 BWC-1629 7/7/08



TO:

City of Cleveland Memorandum Frank G. Jackson, Mayor

	Martin L. Flask, Dire Department of Public	ctor C Safety	
FROM:	Paul Stubbs, Chief		
	Division of Fire		
SUBJECT:	Secondary Employ Michael I		
	(Employee Nar		
Date:	June 6, 2011		
I reviewed	the attached request		
De	Approved	to engage in Secondary Employmer ommend it be Disapproved Date	nt.
Chief, Divisi	Approved	Disapproved	nt.

Chief Stubbs: After Decision CC:



03/2010

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Michael Kilbane	_ CLASSIFICATION: _	Licutenant
DEPARTMENT: Public Safety	DIVISION:	Fire
SECONDARY EMPLOYER NAME/ADDRESS/PH	HONE NUMBER	
JOB TITLE: Wellnes: TYPES OF DUTIES PERFORMED:	s Consultant and Speaker <u>Se</u>	LF EmployeD
HOURS TO BE WORKED.		
HOURS TO BE WORKED:	15	
I am aware that in my secondary employ actions or any liability resulting there from, obtain other liability insurance. I further understand that if my City er secondary employment will be revoked. I this authorization at any time based on the	mployment is adversely affer am also aware that my appear	ected, my authorization fo
Murel X.11		5-21 11
Employee Signature	,	5-31-11 Date
AUTHORIZED BY:		/ /
I de delle		6/7/11
APPOINTING AUTHORITY	ī	DATE
DEPARTMENT DIRECTOR	į	DATE
EXPIRES JANUARY 31, 2011 (NOTE	: Approval must be renew	red annually)



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Direct Department of Public	
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	: Secondary Employ	ment Request of
	Michael \	/azquez
	(Employee Nan	ne)
Date:	September 23, 201	.1
l reviewed After caref	ul consideration, 1 reco	to engage in Secondary Employment. Ommend it be
_	Approved	Disapproved
Chine Divis	and the second	9/26/11
unier, Divi	sion of Fire	Date
	Approved	Dianana
Sm.	1 9/20-1	Disapproved
1100	(ast) "100/2011	
Martin L. F	lask, Director	Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Michael Vazquez	CLASSIFICATION: _	Firefighter
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY EI	MPLOYER NAME/ADDRESS/	PHONE NUMBER	
City of Medina 300 W Reagan Medina OH 44	Parkway		
JOB TITLE: <u>Fir</u>	efighter		
TYPES OF DUT	TES PERFORMED:		
firefighting and	1 EMS		
HOURS TO BE	WORKED:	various, on call departme	nt
actions or any	nat in my secondary emp liability resulting there fro ability insurance.	loyment, the City of Cleveland om, and that I must personally	has no responsibility for massume that responsibility o
secondary em	ployment will be revoked.	employment is adversely af I am also aware that my app he operational needs of the Dep	ointing authority may revoke
Employee Signa	ature		9-/-/) Date
AUTHORIZED			
APPOINTING A	UTHORITY		9/-26/1/ DATE
DEPARTMENT	DIRECTOR		DATE

EXPIRES JANUARY 31, 2011 (NOTE: Approval must be renewed annually)

STATE OF OHIO

BUREAU OF WORKERS! COMPENSATION

COLUMBIUS, OHIO 42215-2236;

CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SRECIFIED BELOW

35205302

MEDITAL PO BLE 703

MEDIA OH

901/2000 THRU 05/15/2010

March P. Kyan

www.oblobwc.com

Capton

THE CETTIFICATE WAY BE HERRODUCED AS NEEDED

OHIO BUREAU OF WORKERS' COMPENSATION.

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disquallfied for compensation and benefits under the Workers' Compensation Act.



City of Cleveland Memorandum Frank G. Jackson, Mayor

	TO:	Martin L. Flask, Director Department of Public Safet	у
	FROM:	Paul Stubbs, Chief	
		Division of Fire	
	SUBJECT:	Secondary Employment Fire Investigation Unit	Request
		Joseph A. Stevens (Employee Name)	
	Date:	September 6, 2011	
	Arter carero	Approved	age in Secondary Employment. Ind it be Indicate Disapproved
erisus	Chief, Divis	ion of Fire	Date
	Chlef, Divisi	Mc Spatt ion of Police	Disapproved 9-19-1/ Date
	/	Approved	Disapproved
	Martin L. Fla	L. Flak ob ask, Director	9.21-4 Date

CC:

Chief Stubbs: After Decision

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (NEW REQUEST RENEWAL) to engage in secondary employment.
Name: TOSEPH A STEVENS Rank: FOF Badge: 7-21 Date of Appointment; 09-05-95
Present assignment: Office Car 713
Employer: WILLO SECURITY Address: 38230 GLBNN City: Type of Business: SECURITY Address of Secondary Employment: CLTV OF CLEVET
Address of Secondary Employment: CITY OF CLEVE Nature of Duties: SECURITY - TRAFFIC
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress
Description of Firearm: 58MI-A-MIO 9MM Serial #: FTX 602 Requalification Date: MARY II
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached.
I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: ONE YEAR Maximum number of hours per week: LEY THEN ZO HIVS TON
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a reference than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: COLDAGA SEC LTD Address: 35/1 GRANTON, CLOVE Weekly Hours:
Employer: TENABLE Address: 2123 PAYNE, CLEVES Weekly Hours: MINS TO THE
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary couployment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31 st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 3 each year.
Print Members Name. JOSP/1 A SOEVEW Signature: Julium Date:
Arson Unit Chief: // charl A. Od Date: 9/2/2011 Approved: Denied:
Chief, Division of Fire: Junfold Date: 9/7/1/ Approved: 4 Denied;
Chief, Division of Police: Much al Mc Bath Date: 9-19-11 Approved: Denied:
Comments:
Approval: Date:

09/16/11 FRI 07:18 (Certificate of Coverage)

Puge I of 1



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Onio Slate insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, cell 1-800-ONIOSWC.

This conlinests must be conspicuously posted.

Policy No. and Employer

Pariod Specified Balow

1172711

07/01/2011 Thru 02/29/2012

WILLO SECURITANO 38230 GLENN AVE. WILLOUGHBY, OFFIE

ahlabwe.com

You can reproduce this certificals as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123,54 of the Ohio Revised Code requires nettice of rebuiltable presumption. Rebuttable presumption meens an employee may dispute or prove unitria the presumption (or batter) that electrol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-releted injury. An employee who tasts positive or rafuses to submit to chemical losting may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio Compression

The result paid this largerige with the certifiees of previous paymon

DE-18 AVAC-1839 3/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Direct Department of Public S	or Safety
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJEC	T: Secondary Employm Fire Investigation U	ent Request nit
	<u>Daniel S. Vianco</u> (Employee Name)	urt
Date:	September 28, 2011	
_U	ed the attached request to reful consideration, I recon pproved vision of Fire	engage in Secondary Employment nmend it be Disapproved Date
Myclo Chief, Div	Approved Approved All Mc Seath Vision of Police	□Disapproved 9-30-// Date
	Approved	□Disapproved

cc: Chief Stubbs: After Decision

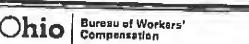
Martin L. Flask, Director

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

l respect	tfully request po	crmissi	ion (🔝 NEW RE	QUEST	RENEWAL) to engage	in seconda	ry employment.	
Name:	Daniel S	., Vi	Lancourt	Rank:	Lt.	Badge :	FF32	Date of Appointment: 05/08/1989	٠,
Present :	assignment; Of	ffice [Car 713 🔀					Į.	
Employe	er: Willo	Secu	rity Add	ress:38	230 Glen	n Ave	City: Will	oughbyType of Business: Security	
Addre	ss of Secondary	Empl	oyment: With:	in the	city of	Cleve	Nature of	Duties: Police Officer	
Clevelar	nd Arson Unit (Jnifori	n Worn: 🔼 Dep	artmental :	Issue Other .	Authorized	Civilia	n Dress	
Descript	tion of Firearm:	G.	lock 19		Serial #: KK	R147		Requalification Date: 03/10/11	1
and that X Wo	t I must persona orker's compens	lly ass sation o pility fo	ume that respons coverage letter at	ibility or o	btain other liab	ollity Insura	nce.	ny actions or any liability resulting there from gaged in secondary employment. My covera	
Duratio	n of Employme	nt: 1	Year		_ Maximum n	umber of h	ours per wee	k: 10 hours	
l unders	stand that the co	mbine		all second	ary employmer			ours in a one-week period, accumulated at a ra	ate
Other So Employ	econdary Emplo cr: Tenabl	oymen e S		Address	2423 Pā	ıyne Ay	zenue,	Cleveland Weekly Hours: 5 hou	urs
Employ	er: Crough	Se	curity	Address	3511 Gr	anton Z	Avenue,	Cleveland Weekly Hours: 5 hou	irs
1. 2.	Will this empl	oymer		uties as ve	rification of ag	e for the pu		or malt beverages? TYes Mo toxicating liquor or malt beverages or security	,
	ed la this reques							ry employment will be denied. Information I misrepresent the nature of the secondary	
seconda	stand that I shal ary employment ment outside th	ofap	olice nature. I u	oray, ASP I nderstand t	baton and Tass that I cannot ca	r on my pe my or use I	rson and sha Division fire	ll wear CPD issued body armor when workin arms and intermediate weapons for secondary	g /
l unders requests cach ye	s between Dece	rizatio mber 1	n to engage in se and January 31	condary er each year.	nployment exp All renewal re	ircs annual quests mus	ly on the 31'	of January. Members shall submit renewal by the Chief's Office no later than January 3	I
Print M	Aembers Name	4	91/10/5	Vian	100 Offerature		1.5	Date: 596	2)
Arson	Unit Chief:	iai	Buchan	Act	BC	D	ate: 9-6	27-// Approved: Denied:]
	Division of Fire		M	R		D:	ate: <u>9/</u>	28/// Approved: 2 Denied:]
Chief,	Division of Pol	lce: _	Miclau	Me.	Grati	D:	ate: <u>9-3</u>	Approved: Denied:]
Commo	ents:	_		. '					
Approv	oal:		N & First	Y DIRECTO	10		Date: _		
			SAPEI	I DIKECI (/ 1 %				

09/18/11 FRI 07:18 FAX
(Certificate of Coverage)

Page 1 of 1



30 W, Spring St. Columbus, OH 43216

Certificate of Premium Payment

This contribes the employer listed below has peld into the Otilo State insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OTIOSWC.

This continues must be conspicuously posted.

Pericy No. and Employer

Period Specified Below

1172711

07/01/2011 Thru 02/29/2012

WILLO SECURITY NO 38230 GLENN AVE WILLOUGHBY DE MILLOUGHBY DE MILLOUGHBY

ahlabwe.com

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You can reproduce this certificals as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123,54 of the Ohio Revised Code requires notice of rebutlable presumption. Rebutlable presumption means an employee may dispute or prove unituality presumption (or bottlef) that elcohof or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employed to prove the presence of stochol or a controlled substance was not the proximate cause of the work-related injury. An employed who tests positive or refuses to submit to chemical lesting may be disquetified for comparestion and benefits under the Workers' Companyation Act.

Ohio

Sureau of Workers' Compensation

Yes муня ини larguage wall we certificate all регуниза разток.

OP.28 BWC-1839 7/7/08

City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Saf	ety
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT	: Secondary Employmen Fire Investigation Unit	t Request
	Joan M. Weir (Employee Name)	
Date:	September 28, 2011	
I reviewe After care	d the attached request to enful consideration, I recomm	ngage in Secondary Employment nend it be
Chief, Div	Approved ision of Fire	Disapproved 1/28// Date
McX Chiết, Div	Approved al Mc Ssath ision of Police	Disapproved 9-30-//
	Approved	Date Disapproyed
Martin L. I	lask, Director	Date

An Equal Opportunity Employer

cc:

Chief Stubbs: After Decision

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (NEW REQUEST [RENEWAL) to engage in secondary employment.
Name: Joan M. Weir Rank: FGF Badge FF30 Date of Appointment: 4/25/1985
Present assignment: Office Car 713 X
Employer: Willo Security Address: 38230 Glenn Ave City: Willoughby Type of Business: Security
Address of Secondary Employment: Within The City Of Cleve Nature of Duties: Police/Traffic
Cleveland Arson Unit Uniform Worn: X Departmental Issue Other Authorized Civilian Dress
Description of Firearm: Glock 19 Serial #: GAG 945 Requalification Date: June 3,1
and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: 1 Year Maximum number of hours per week: 10 Hours
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: Tenable Security Address: 2423 Payne Ave., Cleve. Weekly Hours: 5 hrs
Employer: Croagh Security Address: 3511 Granton Ave., Cleve. Weekly Hours: 5 hrs
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and TaseFon my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
l understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: Joan M. Weir Signature: Date: 9/27/1
Arson Unit Chief: Car Bullan ACT.B.C. Date: 9-27-11 Approved: Denied:
Chief, Division of Fire: Date: Date: Date: Denied: Denied:
Chief, Division of Police:
Comments: Date;Approved: Denied:
Approval: SAFETY DIRECTOR Date:

@001/001

09/16/11 FRI 07:15 FAX (Certificate of Coverage)

Page I of I



50 W, Spring St. Columbus, QH 43215

Certificate of Premium Payment

This confiles the employer listed below has paid into the Oido State Insurance Fund as required by law. Therefore, the employer is endied to the rights and bandits of the fund for the paried specified. For more information, call 1-800-071108WC.

This continuate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

117#711

WILLO SECURITY NO 38230 GLENN AVE WILLOUGHBY, OF #2082-78 07/01/2011 Thru 02/29/2012

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You can reproduce this cartificate as needed.

Ohlo Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123,54 of the Ohio Revised Gode requires hetice of rebutlable presumption. Rebutlable presumption means an employee may dispute or prove untrue the presumption (or belief) that elophol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presonce of electricity of a controlled substance was not the proximate cause of the work-releted injury. An employee who tasts positive or refusee to submit to chemical feeling may be disqualified for comparation and benefits under the Workers' Comparation Act.

Ohio

Bureau of Workers' Companisation

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DP.18 BV/C-1629 3/7/OB



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Dire Department of Publi	ctor c Safety
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJEC	T: Secondary Employ Fire Investigation	ment Request Unit
	Richard R. Miz (Employee Name)	zikar Jr.
Date:	January 19, 2011	
Arter care	ed the attached request eful consideration, I rec Approved vision of Fire	to engage in Secondary Employment. ommend it be Disapproved Date
	☑Approved	Disapproved
Mick		
Chief, Div	al Mc Ssatt vision of Police Chif	2-/-// Date
	□Approved	Disapproved
Martin L.	Flask, Director	Date
cc: Chi	ef Stubbs - After Design	

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

I respectfully request permission (NEW REQUEST RENEWAL) to engage in secondary employment.
Name: RICHARD R. MIZIKAR JE Rank: FGF Badge: FF34 Date of Appointment: 10-9-2000
Present assignment: Office Car 713 V
Employer: NEW SURGE HOLGERS Address: 4000 WASHINGTON PR. City. NEW SURGEN HIS. Type of Business: Manicipal of
Address of Secondary Employment: 4071 5.49, N.H. OH 44105 Nature of Duties: POLICE, BASIC PATROL
Cleveland Arson Unit Uniform Worn: Departmental Issue Other Authorized Civilian Dress
Description of Firearm: GLOCK 21 Serial #: GCX 634 Requalification Date: 5-22-16
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from and that I must personally assume that responsibility or obtain other liability insurance.
Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: 1 4 EAR Maximum number of hours per week; 20
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment:
Employer: Address: Weekly Hours:
Employer: Weekty Hours:
 Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
understand that authorization to engage in secondary employment expires annually on the 31 st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year.
Print Members Name: Kichaed R. Mizikae R Signature: 222 mf/
Arson Unit Chief: //// Approved: Denied:
Chief, Division of Fire: Date: 1/9/11 Approved: Denied:
Chief, Division of Police: Molo Mc Scatt Date: 2-1-11 Approved: Denied:
lomments:
pproval: Date:

BUREAU OF WORKERS COMPENSATION

Pagilladur on 23024 235

This certifies that the employer listed below has paid into the State insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-860-0HIGBWC.

THIS CERTIFICATE MUST BY CONSPICUOUSLY POSTED

POLICY NO AND EMPLOYER

PERIOD GRECHED HELOW

31815103

NO THRUEXPIRATION

NEWBURGH HEIGHTS VILLAGE 4000-WASHINGTON PARK BLYD NEWBURGH HUS CH 44105

mww.ohatwa.com CMA 8/21/07

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THE CERTIFICATE HAY: BE REPROJECTED AS WELDED

OHIO BUREAU OF WORKERS' COMPENSATION

REQUIRED POSITING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Dire Department of Publ	ector ic Safety
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employ	ment Request of
	Michael (Employ	A. Darnell ee Name)
Date:	December 8, 2011	·
I reviewed After carefu Chief, Divisi	Approved	to engage in Secondary Employment ommend it be Disapproved Date
フ	MApproved	Disapproved
Martin L. Fla		Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: MICHAEL A. DARNELLCLASSIFICATION: ASSIST CHIEF
DEPARTMENT: SAFETY DIVISION: FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
NUR IDC. (RYAN HOMZE)
600 W SWOWINE Rd CREAKEVILLED OtTO 44141
440-343-4896
JOB TITLE: PULSCH OUT PERAIR MAN
TYPES OF DUTIES PERFORMED: COSMETIC PERAINS UN
NEW HOME?
HOURS TO BE WORKED: OBJOO - 16:00 DA 7 Por- I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability Insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
Employee Signature Date
AUTHORIZED BY:
APPOINTING AUTHORITY DATE 12/8/11 DATE
DEPARTMENT DIRECTOR DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1388711

07/01/2011 THRU 02/29/2012

MICHAEL A DARNELL

CLEVELAND OH

ohiobwc.com

Stephen Buchen

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Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this lenguage with the certificate of premium payment,



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Direct Department of Public	tor Safety	
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employn	nent Request of	
	Brent Coll (Employee Nam		
Date:	August 15, 2011		
I reviewed i	the attached request to consideration, I recon	o engage in Secondary Empl mmend it be Disapproved	oyment.
Chief, Divisi	on of Fire	8/15/11 Date	
MA	Approved (ast) 8/16/2	□Disapproved	
Martin L. Fla	sk, Director	Date	

Chlef Stubbs: After Decision CC:



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	BRENT COLLINS	CLASSIFICATION: <u>ASSIT. CHIEF</u>
DEPARTMEN	NT: Public Safety	DIVISION: Fire
SECONDAR	Y EMPLOYER NAME/ADDRESS/PH	ONE NUMBER
	ARMA HTS LL RD. PARMA HTS.,OHIO 441 00	30
JOB TITLE:	SAFETY DIRECTOR	
TYPES OF E	OUTIES PERFORMED:	
POLICE/FI	RE ADMINISTRATOR	
I am aware actions or a	BE WORKED: e that in my secondary employ any llability resulting there from, r liability insurance.	6-10 PER WEEK ment, the City of Cieveland has no responsibility for my , and that I must personally assume that responsibility or
secondary -	employment will be revoked. I	inployment is adversely affected, my authorization for am also aware that my appointing authority may revoke operational needs of the Department/Division. $F - S - I / I$
Employee S	igr/ature	Date
AUTHORIZE	1 Sill	8/15/11
	NEXT OF	6/2011 DATE
DEPARTME	NT DIRECTOR	DATE

EXPIRES JANUARY 31, 2011

(NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

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This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

31807002

PARMA HEIGHTS 6281 PEARL RO

01/01/2011 Thru 05/15/2012

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Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section, 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation Compensation Act. Workers' under the benefits and

Bureau of Workers' Compensation

You must post this tanguage with the certificate of premium payment.

DP-29 BWC-1629 7/7/08

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

Name: ERIC G. BURCHAK Rank: CAPT. Badge: FF35 Date of Appointment: 6-1-1993
Present assignment: Office Car 713 🔯
Employer: Aetaa Metal Address: 8300 Aetaa Ld- City: Cleve Type of Business: Scrap YARD Address of Secondary Employment: 8300 Aeta, Rd- Nature of Duties: Security
Address of Secondary Employment: 8300 Aetn. Rd. Nature of Duties: Security
Cleveland Arson Unit Uniform Worn: Departmental Issue Dother Authorized X Civilian Dress
Description of Firearm: GLOCK 17 Serial #: FTX 193 Requalification Date: April 2010
i am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: Year Maximum number of hours per week: 5 To 10 Hours
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a ra of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: Address; Weekly Hours;
Employer: Address: Weekly Hours:
 Do employment duties consist of the direct/indirect dispensing of intoxicating figure or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
ompayator.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland. I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31
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I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland. I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year. Print Members Name: Eric G. Burchar. Signature L. Burchar. Signature L. Burchar.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland. I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year. Print Members Name: Eric G. Burchar. Signature G. Burchar. Signature G. Burchar. Date: 9-10-10 Approved: Denied: Denied:
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland. I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December I and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year. Print Members Name: Eric G. BURCHAK. Signature E. Burchak. Signature G. Date: 9-10-10 Approved: Denied: Chief, Division of Fire: Date: 9-10-10 Approved: Denied: Chief, Division of Fire:
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear CPD issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland. I understand that authorization to engage in secondary employment expires annually on the 31st of January. Members shall submit renewal requests between December 1 and January 31 each year. All renewal requests must be received by the Chief's Office no later than January 31 each year. Print Members Name: Eric G. Burchak. Signature Burchak Signature Burchak Signature Burchak Approved: Denied: Chief, Division of Fire: Date: 9-10-10 Approved: Denied: Chief, Division of Police: McClarl McMachel Date: 9-14-10 Approved: Denied: Denied: Chief, Division of Police: McClarl McMachel Date: 9-14-10 Approved: Denied: Chief, Division of Police: McClarl McMachel Date: 9-14-10 Approved: Denied: Chief, Division of Police: McClarl McMachel Date: 9-14-10 Approved: Denied: Chief, Division of Police: McClarl McClarl McClarl Date: 9-14-10 Approved: Denied: Chief, Division of Police: McClarl McClarl Date: 9-14-10 Approved: Denied: Chief, Division of Police: McClarl McClarl McClarl Date: 9-14-10 Approved: Denied: Chief, Division of Police: McClarl McClarl McClarl Date: 9-14-10 Approved: Denied: Chief, Division of Police: McClarl McClarl McClarl Date: 9-14-10 Approved: Denied: Chief, Division of Police: McClarl McClarl McClarl Date: 9-14-10 Approved: Denied: Chief, Division of Police: McClarl McClarl Date: 9-14-10 Approved: Denied: Chief, Division of Police: McClarl McClarl Date: 9-14-10 Approved: Denied: Chief, Division of Police: McClarl McClarl Date: 9-14-10 Approved: Denied: Chief, Division of Police: McClarl Date: 9-14-10 Approved: Denied: Chief, Division of Police: Date: 9-14-10 Approved: Denied: Chief, Division of Police: Date: 9-14-10 Approved: Denied: Denied: Denied: Denied: Denied: Denied: Denied: Denied: Denied: D



Bureau of Workers' Compensation

30 W Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted

Policy No. and Employer

Period Specified Below

1253212

07/01/2010 Thru 02/28/2011

AETNA METAL RECYCLING INC 3296 COLUMBIA RD STE 101 RICHFIELD, OH 44286-9622

ohiobwc.com

Mausher P. Ryan-

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Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123 54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment,

Public Safety – Division of Fire 2012 Secondary Employment Requests



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Dire Department of Publ	ector lic Safety
FROM:	Paul Stubbs, Chief	,
	Division of Fire	
SUBJECT:	Secondary Employ	ment Request of
	Patrick i	
	(Employee	Name)
Date:	January 5, 20)11
After carefu	I consideration, I rec	to engage in Secondary Employmen commend it be Disapproved
M		ibisapproved
Chief, Divis	ion of Fire	Date
	Approved	Disapproved
hat L.	Elshab	SIGN NAL TOTAL
rattin L. Fla	ask, Director	Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: PATRICK J. Moner CLASSIFICATION: F	Car
DEPARTMENT: Public Safety DIVISION: Fire	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER	
Continental Airlines akA. Unite	d Local Address;
Corporate Address 1600 Smith Street HOSRK	5300 Riverside Davis
1tous ron Tx 77002	Cleveland, OH 44135
JOB TITLE: RAMP CSA	1216-501-5706
TYPES OF DUTIES PERFORMED: CUSTOMEN SERVICE	Agent
I am aware that in my secondary employment, the City of Cleveland ha actions or any liability resulting therefrom, and that I must personally assurbtain other liability insurance. I further understand that if my City employment is adversely affecte secondary employment will be revoked. I am also aware that my appoint this authorization at any time based on the operational poods of the decimal pools of th	ed, my authorization for
this authorization at any time based on the operational needs of the depart	ng authority may revoke rtment/division.
Employee Signature Date	1/5/12
AUTHORIZED BY:	-
APPOINTING AUTHORITY DATE	1/12/12
DEPARTMENT DIRECTOR DATE	E

(NOTE: Approval must be renewed annually)



30 W. Spring St. Columbus, OH 43215-2256 Governor John R. Kastch Administrator/CEO Stephen Buebrer ohiobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20005372	Period Specified Belov	٧
CONTINENTAL AIRLINES, INC. 1600 SMITH ST HOSRK HOUSTON, TX 77002	1st DAY OF	February 2011
	1st DAY OF	February 2012

Subs

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer Administrator/CEO

BWC-7201

SI-1



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Sa	afety
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT	Γ: Secondary Employme	nt Request of
	Donald Muet (Employee Name	z <u>el</u> e)
Date:	-	
vate.	January 23, 2012	
Date.	January 23, 2012	
I revlewed		
I revlewed	d the attached request to o	
I reviewed After care	d the attached request to enful consideration, I recomm	ngage in Secondary Employment. nend it be
I reviewed After care	d the attached request to en ful consideration, I recomm	ngage in Secondary Employment. nend it be Disapproved
I reviewed After care	d the attached request to enful consideration, I recomm	ngage in Secondary Employment. Thend it be Disapproved Date
I reviewed After care	the attached request to enful consideration, I recomm Approved sion of Fire	ngage in Secondary Employment. nend it be Disapproved Date Disapproved
I reviewed After care Chief, Divi	d the attached request to enful consideration, I recomm	ngage in Secondary Employment. Thend it be Disapproved Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Donald Muetzel	CLASSIFICATION: _	Licutenant
DEPARTMENT: Public Safety	DIVISION: Fire	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE I	NUMBER	
Greller & Company 6668 Engle road Middleburg 1-216-433-0200	Hts. Ohio	
JOB TITLE: Driver Mechanic		
TYPES OF DUTIES PERFORMED:		
Shipping, Machine mechanic, driver.		
HOURS TO BE WORKED:	20	
I am aware that in my secondary employment, actions or any liability resulting there from, and to obtain other liability insurance.	the City of Cleveland that I must personally	has no responsibility for massume that responsibility o
I further understand that If my City employr secondary employment will be revoked. I am als this authorization at any time based on the opera	so aware that my appl	ninting authority may revalu
0 1 1		
Employee Signature	_	0/-20-20/2 Date
		Date
AUTHORIZED BY		,
APPOINTING AUTHORITY	→	1/24/12
ALONATING WOLLDAY! I		DATE
DEPARTMENT DIRECTOR	-	DATE

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1198152

09/15/2011 THRU 02/29/2012

GRELLER & GOMPANY INC 6668 ENGLE RD CLEVELAND OH 44130-7905

ohiobwe.com

Administrator/CEO

You can reproduce this certificate as needed.



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, I Department of P	Director ublic Safety
FROM:	Paul Stubbs, Chie	ef
	Division of Fire	
SUBJECT:	Secondary Emp	loyment Request of
		el Muniz
		ee Name)
Date:	January 6,	2011
I reviewed After carefu	the attached requ Il consideration, I	est to engage in Secondary Employment. recommend it be
	G Approved	Disapproved
al		
Chief, Divisi	on of Fire	Date
	⊠Approved	Disapproved

1 7 JAN 2017

Date

cc: Chief Stubbs: After Decision

Martin L. Flask, Director



03/2010

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: RAFAEL MUNIZ JR	CLASSIFICATION; FGF
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	IUMBER
COPLEY TOWNSHIP 1545 CLEVELAND MASSILLION RD. COPLEY, OHIO 44321-1908 (330) 666-6464	
JOB TITLE: PARAMEDIC / FIREFIGHTER	
TYPES OF DUTIES PERFORMED:	
PROVIDE ALS CARE AND FIRE SUPPRESSION TOWNSHIP	N TO CITIZENS OF COPLEY
HOURS TO BE WORKED: APPROXIMA	TELY 12-24 HOURS PER MONTH
I am aware that in my secondary employment, actions or any liability resulting there from, and to obtain other liability insurance.	the City of Cleveland has no responsibility for m hat I must personally assume that responsibility o
I further understand that if my City employr secondary employment will be revoked. I am als this authorization at any time based on the operat	nent is adversely affected, my authorization for so aware that my appointing authority may revok- tional needs of the Department/Division.
122	1/6/12
Employee Signature	Date
AUTHORIZED BY:	,
I'd sum	1/12/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE
EXPIRES JANUARY 31, 2017 (NOTE: App	roval must be renewed annually)



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

37720304

01/01/2011 Thru 05/15/2012



oniobwc.com

Stephen Buchan

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R	equest of
	<u>John O'Flaherty</u> (Employee Name)	
Date:	January 30, 2012	
	UApproved	ge in Secondary Employment. d it be Disapproved Joles Date
Martin L. F	MAD /31/012 lask, Director	Disapproved 3.1 JAN 2012 Date

Chief Stubbs: After Decision

cc:



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (FORM A)

NAME; John O'Flaherty	CLASSIFICATION:	Lieutenant
DEPARTMENT: Public Safety	DIVISION: Fire	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	NUMBER	
ProEd Communications, Inc. 25101 Chagrin Blvd. Suite 230 Beachwood, OH 44122 216-595-0757		
JOB TITLE: Associate Scientific Director		
TYPES OF DUTIES PERFORMED:		
Medical/scientific communications and scientific presentations, scientific tactics and strategies.	consulting. Preparation o	f medical manuscripts,
HOURS TO BE WORKED: 9am to 5pm on da	ys off from station; ~20-2	24 hours per week
I am aware that in my secondary employment actions or any liability resulting there from, and obtain other liability insurance.	the City of Cleveland that I must personally a	has no responsibility for my assume that responsibility or
I further understand that if my City employ secondary employment will be revoked. I am a this authorization at any time based on the operation	iso aware that my appo	inting sutbartly may ravale
- A hat affeling		1-24-12
Employee Signature		Date
AUTHORIZED BY		
Ol Sull	_	1/30/12
APPOINTING AUTHORITY	Ī	DATE
DEPARTMENT DIRECTOR		DATE

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)

Ohio

Bureau of Workers'
Compensation

国新的安全的第三人称单位的

SOUTH STATE OF STATE

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1072386

07/01/2011 THRU 02/29/2012

PRO ED COMMUNICATIONS INC 25101 CHAGRIN BLVD SUFTE BEACHWOOD OH 44122 Administrator/CEO

You can reproduce this certificate as needed,

ohiobwc.com

7-Collination and a second



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	Michael P, O'Mall (Employee Name)	ey
Date:	January 6, 2012	
	the attached request to engage of the consideration, I recommend the consideration of Fire	, , ,
hate Martin L. F	Dapproved L. Clash Jask, Director	Disapproved * 7 JAN 201? Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: MICHAEL P. OMAllyy	CLASSIFICATION: 61888164721/EMIT
DEPARTMENT: Public SAFETY	DIVISION: FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	_
CALANT 4 0	Multry Co. LAA LIO STORET, #1350
1370 ENTR	210 STREET, #1350
Clevekaus	, Dhio 44113 (216)241-6868
JOB TITLE: AMENEY	
TYPES OF DUTIES PERFORMED:	AL SPRUILES
OURS TO BE WORKED: TWENTY	(To) pu week
I am aware that in my secondary employment actions or any liability resulting therefrom, and the obtain other liability insurance.	, the City of Cleveland has no responsibility for monat I must personally assume that responsibility of
I further understand that if my City employ secondary employment will be revoked. I am a this authorization at any time based on the ope	ment is adversely affected, my authorization for a liso aware that my appointing authority may revokerational needs of the department/division.
Mulue & Odlick	13-30-11
Employee Signature	Date
AUTHORIZED BY:	
ILL Show	116/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 20/3 (NOTE: Approval must be renewed annually)

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Pariod Specified Below

739837

07/01/2011 THRU 02/29/2012

GRANT & 1370 ONT CLEVELAN

ahiobwa.com

You can reproduce this certificate as needed,

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123,54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment,



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safe	ty
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT	: Secondary Employment Fire Investigation Unit	Request
	Patrick O'Malley	(Employee Name)
Date:	January 30, 2012	
	d the attached request to en eful consideration, I recomme	gage in Secondary Employment. end it be
	Approved	Disapproved
14	LAN .	1/30/12
Chief, Div	vision of Fire	Date
	Approved	Disapproved
Mick	a Mc Geath	2-17-12
Chief, Div	vision of Police Chief	Date
		Disaparavad
	Approved	Disapproved
•	Marie	78 6 AF = 2072
Martin L.	Flask, Director	Date

cc:

Chief Stubbs: After Decision

DIVISION OF FIRE

FORM AA

2008

SECONDARY EMPLOYMENT REQUEST FORM FOR MEMBERS OF ARSON

Name: Patrick D. O'Malley Rank: Fgf. Badge: FF#15 Date of Appointment: May 1994
Present assignment:
Employer: Cleveland State Address: 2121 Euclid Ave. City: Cleveland Type of Business: College
Address of Employment: 1840 Chester Ave. Nature of Duties: P/T Police Officer
Cleveland Arson Unit Uniform Worn: Departmental Issue V Other Authorized Civilian Dress
Description of Firearm: Glock 19 Serial #: GAG 894 Requalification Date: 03/01/12
am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance. Worker's compensation coverage letter attached. I assume responsibility for worker's compensation coverage for injuries received while engaged in secondary employment. My coverage letter is attached.
Duration of Employment: Jan 1,2012- Jan 1,2013 Maximum number of hours per week: 20hrs.
I understand that the combined total hours for all secondary employment shall not exceed 20 hours in a one-week period, accumulated at a rate of not more than 12 hours on a scheduled day off, nor more than six hours on a work day.
Other Secondary Employment: Employer: Address: Weekly Hours:
Employer: Address: Weekly Hours:
Do employment duties consist of the direct/indirect dispensing of intoxicating liquor or malt beverages? Yes No Will this employment involve such duties as verification of age for the purchase of intoxicating liquor or malt beverages or security within or at the entrance/exit of the permit premises? Yes No
I understand that if the answer to the above questions is "yes" permission to engage in secondary employment will be denied. Information furnished in this request is accurate and I understand that I am subject to disciplinary action if I misrepresent the nature of the secondary employment.
I understand that I shall have my issued OC spray, ASP baton and Taser on my person and shall wear issued body armor when working secondary employment of a police nature. I understand that I cannot carry or use Division firearms and intermediate weapons for secondary employment outside the City of Cleveland.
I understand that authorization to engage in secondary employment expires annually on the 31st of December. Members shall submit renewal requests between November 1 and December 31 each year. All renewal requests must be received by the Chief's Office no later than December 31 each year.
Print Members Name: Patrick D. O'Malley Signature: Tatal D. O'Mally Date: 1-12-12
Arson Unit Chief: Date: Approved: Denied: Denied:
Chief, Division of Fire: Denied: Denied: Denied: Chief, Division of Police: McLaul McLat Late: Z-17-12 Approved: Denied: Denie
Chief, Division of Police: ///Cal///Cal///Cal/Date: 4-1/-/2 Approved: Denied:
Comments:
Approval: Date: SAFETY DIRECTOR



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: PATRICK D. O'MALLEY CLASSIFICATION: FIREFIGHTEL /EMT	
DEPARTMENT: PUBLIC SAFETY DIVISION: TIEE	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER	
CLEUELAND STATE UNIVERSITY	
2121 EUCLID AUE PS 210	
CLEUELAND, OHIO 44115-2214	
JOB TITLE: PART TIME SWORN POLICE OFFICEN, TEST FIRE PUMBS & SPRINKEN.	
TYPES OF DUTIES PERFORMED: POLICE DUTIES AT SPECIAL EVENTS.	
FIRE PUMP TESTING	
OURS TO BE WORKED: TWENTY PER WEEK	
I am aware that in my secondary employment, the City of Cleveland has no responsibility for nactions or any liability resulting therefrom, and that I must personally assume that responsibility obtain other liability insurance.	ny no
I further understand that if my City employment is adversely affected, my authorization f secondary employment will be revoked. I am also aware that my appointing authority may revolthis authorization at any time based on the operational needs of the department/division.	or ke
Employee Signature Date	
AUTHORIZED BY: // 30/12	
APPOINTING AUTHORITY DATE	
DEPARTMENT DIRECTOR DATE	

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Department of Environmental Health and Safety

January 10, 2012

Chief Paul Stubbs City of Cleveland, Division of Fire 1645 Superior Avenue Cleveland, OH 44113

Dear Chief Stubbs,

I request that Patrick O'Malley be permitted to work as a member of the Department of Environmental Health & Safety (EHS) at Cleveland State University on a part-time, as needed basis.

The Cleveland State University Department of EHS releases the City of Cleveland and the Cleveland Fire Department from any and all responsibility and/or liability for the actions of Mr. O"Malley while on authorized duty for the Cleveland State University Department of EHS.

All part-time employees of the Department of EHS at Cleveland State University while on duty as authorized by the department, are considered as working in the capacity of an employee of the Cleveland State University Department of EHS, which takes all responsibility and liability for those employee's authorized actions during such duty period(s). Additionally, all such employees are covered under the provisions of Cleveland State University's Workers Compensation policy for work-related injuries or illnesses arising out of employment during authorized duty periods with the University.

Cleveland State University's risk number is: 10003128000.

Please feel free to contact me at <u>r.grindley@csuohio.edu</u> or (216) 687-9338 should you need clarification or additional information.

Cordially,

Robert S. Grindley, BA, CHCM, CHS, CHSP Director of Environmental Health & Safety

RSG/sl



January 10, 2012

Police Department

Chief Paul Stubbs City of Cleveland Division of Fire 1645 Superior Ave. Cleveland, Ohio 44113

Dear Chief Stubbs,

I request that Patrick O'Malley be permitted to work as a sworn employee of the Cleveland State University Police Department on a part-time, as needed basis.

The Cleveland State University Police Department releases the City of Cleveland, and the Cleveland Fire Department, from any and all responsibility and/or liability for the actions of Officer Patrick O'Malley while on authorized duty for the Cleveland State University Police Department.

The Cleveland State University Police Department employs certain qualified persons in the position of Part Time Sworn Police Officer. All such employees, while on duty as authorized by this Department, are considered as working in the capacity of an employee of the Cleveland State University Police Department, which takes all responsibility and liability for those Officers' authorized actions during such duty period(s).

Additionally, all such employees are covered under the provisions of Cleveland State University's Workers Compensation policy for work related injuries or illnesses arising out of employment during authorized duty periods with the University.

The Cleveland State University's Risk number is 10003128000.

Please feel free to contact either Lieutenant Joseph King of the Special Events Unit or myself if you need further information.

Sincerely,

David L. Buckingham

Assistant Director of

Campus Safety / Police

Commander

DLB / ke



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safet	cy .
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment	Request of
	<u>Kirk Pitts</u> (Employee Name)	
Date:	January 30, 2012	
After caref	the attached request to enul consideration, I recomme Approved Sion of Fire	gage in Secondary Employment. end it be Disapproved Date
	 ∠ Approved	Disapproved
	Motion /31/6012	3 1 JAK 2012
Martin L. F	lask, Director	Date

Chief Stubbs: After Decision CC:



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Kick Pitts	CLASSIFICATION: Fire Fraker
DEPARTMENT: Public SAFtey	DIVISION: Fice
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	•
9500 Euzlid Aue 44195	
Workers Comp. Info Michell JOB TITLE: PALAMEDIC	
TYPES OF DUTIES PERFORMED: First A	de
HOURS TO BE WORKED: LESS + han	20 hours Per Wigek
I am aware that in my secondary employment actions or any liability resulting therefrom, and to obtain other liability insurance.	t, the City of Cleveland has no responsibility for my hat I must personally assume that responsibility or
I further understand that if my City employ secondary employment will be revoked. I am a this authorization at any time based on the ope	ment is adversely affected, my authorization for iso aware that my appointing authority may revoke erational needs of the department/division.
Employee Signature)-> -[<u>)</u> Date
AUTHORIZED BY:	1/30/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)

ohlobwc.com 1-800-QHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978

THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

Perio	d Specified Belov	w
1st	DAY OF	January 2012
lst	DAY OF	January 2013

Subs

20002978-1	CLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEDINA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-16	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buchrer Administrator/CEO

BWC-7201

SI-1



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT: Secondary Employment Request of

Michael Rabkewych
(Employee Name)

Date:

January 30, 2012

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

Approved

Disapproved

Chief, Division of Fire

Date

Approved

Disapproved

Martin L. Flask, Director

0 7 FEL 2612

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Michael Rabkewych	CLASSIFICATION: Lieutenant	
DEPARTMENT: Public Safety	DIVISION:Fire	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	NUMBER .	
Aeromag 2000		
6030 Cargo Rd.	1	
Cleveland OH 44135	(216) 267-7172	
\sim \sim \sim \sim \sim \sim		
TYPES OF DUTIES PERFORMED: <u>de-ice</u>	aircraft @ Hopkins airport.	
HOURS TO BE WORKED:GPPCOX- 10 h	rs./week	
I am aware that in my secondary employment actions or any liability resulting therefrom, and the obtain other liability insurance.	, the City of Cleveland has no responsibility for nat I must personally assume that responsibility	my or
I further understand that if my City employ secondary employment will be revoked. I am al this authorization at any time based on the ope	Iso aware that my appointing authority may revo	for oke
Mud h - 17.	1-24-12:	
Employee Signature	Date	
AUTHORIZED BY:	1/30/12	
APPOINTING AUTHORITY	DATE	
Martin V. Flood no	2-7-12	
DEPARTMENT DIRECTOR	DATE	

Expires Jan. 31, 2013



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor

City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Direct Department of Public		
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employ	ment Request of	
	Daniel Ro (Employee N		
Date:	March 15, 201	.2	
	the attached request	to engage in Secondary Employ	— yment.
	Approved	Disapproved	
Chief, Divis	Sign of Fire	3/15/12 Date	
Ciller, Divis	non or rite	Date	
	Approved	Disapproved	
•	Mah	1 6 APK 2012	
Martin L. F	lask, Director	Date	

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Daniel Rocco	CLASSIFICATION:	Firefighter
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/PHONE N	NUMBER	
Daniel Rocco			
westiake, Chie) a		
JOB TITLE: Re	sidential Appraiser		-
TYPES OF DUT	TES PERFORMED:		
Provide marke	t valuation for residential and multi-	family dwellings.	
HOURS TO BE	WORKED:	10-20	
actions or any	hat in my secondary employment liability resulting there from, and ability insurance.	, the City of Cleveland that I must personally	has no responsibility for my assume that responsibility or
secondary em	derstand that if my City employ ployment will be revoked. I am a clon at any time based on the opera	Iso aware that my app	ointing authority may revoke
Employee Sign	ature	_ }	3/2/2012 Date
AUTHORIZED			3/15/12
APPOINTING /	AUTHORITY		DATE
DEPARTMENT	DIRECTOR	_ 	DATE

(NOTE: Approval must be renewed annually)

03/2010

EXPIRES JANUARY 31, 2013



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

Period Specified Below

CONFIRMATION NUMBER: APPLICATION NUMBER: 75510313

Daniel Rocco

Westlake, OH

2/23/2012 Thru 8/31/2012

ohiobwc.com

Steph Buch Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment,

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safe	ty
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment	: Request of
	Raymond Ruff (Employee Name)	
Date:	February 21, 2012	
	the attached request to en al consideration, I recommo	gage in Secondary Employment. end it be
	Approved	Disapproved
ple	All I	2/21/12
Chief, Divis	ion of Fire	Date
	Approved	Disapproved
6	M	1 6 APR 2012
Martin L. Fl	ask, Director	Date

Chief Stubbs: After Decision cc:



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (FORM A)

NAME:	RAYMOND RUFFIN	CLASSIFICATION:	FIRE FIGHTER
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/PHONE N	UMBER	
HIGHLAND H 44122/ 216-59	ILLS VILLAGE F.D. 4019 NORTH 1-2312	IFIELD RD, HIGHLAY	ND HILLS, OH.
JOB TITLE: <u>CA</u>	PTAIN HHED		
TYPES OF DUT	IES PERFORMED:		
MEDICAL AN	ID SUPPRESSION DUTIES		
HOURS TO BE	WORKED:	20HRS/WEEK	
actions or any	at In my secondary employment, i liability resulting there from, and th bility insurance.	the City of Cleveland at I must personally a	has no responsibility for my essume that responsibility or
secongary emp	erstand that If my City employmologment will be revoked. I am also on at any time based on the operati	haware that my anno	inting authority may rayale
Employee Signal	hure/		1/20/2012
		ı	Date / /
AUTHORIZED B			-//
APPOINTING AL	JTHQRITY	Ē	ATELIE TON
DEPARTMENT D	IRECTOR	Ē	DATE

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)



Village of Highland Hills

Robert L. Nash, Mayor Fire Department

January 31, 2012

To Whom It May Concern:

The Highland Hills Fire Department provides Ohio Worker's Compensation coverage and in addition, we are also members of the Volunteer Firefighters' Dependants Fund.

If you need further information, please feel free to contact me at (216) 591-1021.

Sincerely,

Arthur Timmons, Chief

Highland Hills Fire Department

AT:II



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safet	y	
FROM:	Paul Stubbs, Chief		
	Division of Fire		
SUBJECT:	Secondary Employment	Request of	
	Bruce Ryan		
	(Employee Name)		
Date:	February 6, 2012		
	the attached request to engul consideration, I recomme		nployment.
Chief, Divis	sion of Fire	2/6/12 Date	
	Approved	Disapproved	
hart	L. Flokens	0 7 FES 2012	
Mártin L. F	lask, Director	Date	

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: BRUCE RYAN CL	ASSIFICATION: 27.
DEPARTMENT: <u>SAFETY</u> DIV PRENHILL WILL FAX WORKERS GENP, CERT SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUME	ISION: FIRE OFICETE TO HEADQUARTERS ATTN: CHIEF O'TEEL
OPARMA CITY SCHOOLS 5311 LONGW	1000 AVE. PARMA, OHIO 44134 440-842-5300
QBRISCHSVILLE CITY SCHOOLS 66. A (I AM EMPLOYED RY REMILL CROOP BUT SUB A JOB TITLE: SUBSTITUTE TEACHER	38 MILL ROAD BRECKSVILLE CHIO 44/4/
TYPES OF DUTIES PERFORMED: _SUBSTITUTE	TEACH AS NEEDED
GRADES 7-12	
I am aware that in my secondary employment, the actions or any liability resulting therefrom, and that I obtain other liability insurance.	City of Cleveland has no responsibility for my must personally assume that responsibility or
I further understand that if my City employment secondary employment will be revoked. I am also at this authorization at any time based on the operational	ware that my appointing authority may revoke
Employee Signature	1-11-2012 Date
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	2-7-12 DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)



February 2, 2012

Chief Timothy O'Toole Executive Office of the Cleveland Fire Department

Dear Chief O'Toole,

This email confirms that Lieutenant Bruce Ryan is a current substitute with The Renhill Group. He is covered under the Ohio's Bureau of Workers Compensation per state regulations.

If you have any questions, I can be reached at 1.800.776.8722 ext. 2830.

Thank you,

Jamila Hatcher

Operations Manager The Renhill Group



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment F	Request of
	<u>Andre Sawyer</u> (Employee Name)	
Date:	January 23, 2012	
	the attached request to enga ul consideration, I recommen	age in Secondary Employment. d it be
0	Approved	Disapproved
Chief, Divis	sion of Fire	1/24/12 Date
	[Approved	Disapproved
	nosias /2 bora	3 1 JAN 2012
Martin L. F	lask, Director	Date

cc: Chief Stubbs: After Decision



EXPIRES JANUARY 31, 2012

03/2010

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Andre Sawyer, Sr.	CLASSIFICATION:	FGF
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/	PHONE NUMBER	
6900 Lake Abr		ce	
Middleburg Ht	s. OH.		
JOB TITLE: <u>Sq</u>	uad driver		
TYPES OF DUT	TES PERFORMED:		
Patient transpor	rt.	4.5	
	·		
HOURS TO BE	WORKED:	Various not to exceed 20 hour	rs a week.
actions or any obtain other lia I further unde secondary emp	liability resulting there fro ibility insurance. erstand that if my City ployment will be revoked.	m, and that I must personal employment is adversely a	nd has no responsibility for my ly assume that responsibility of affected, my authorization for pointing authority may revoke epartment/Division.
Employee Signa	ture Sung		1 - 2 (- 1 Z Date
AUTHORIZED E		••	1/24/12
APPOINTING A	UTHORITY	tr ₁ ,	DATE
DEPARTMENT [DIRECTOR		DATE

(NOTE: Approval must be renewed annually)

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

881987

07/01/2011 THRU 02/29/2012

DONALD MARTENS & SONS AMBULANCE SERV INC 6900 LAKE ABRAMS DR CLEVELAND OF 44130-3457

ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this lenguage with the certificate of premium payment.



TO: Martin L. Flask, Director Department of Public Safety Paul Stubbs, Chief FROM: Division of Fire SUBJECT: Secondary Employment Request of John Schuler (Employee Name) February 6, 2012 Date: I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be Approved Disapproved Chief, Division of Fire Disapproved R 7 FEE 2012 Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (FORM A)

NAME: John Schuler CLASSIFICATION: FGF
DEPARTMENT: Public SafeTy DIVISION: Fine
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
MARTERS 6900 LAKE ABRAGAS
MARTERS 6900 CAKE ABRAGAS Middleburgh LTS
JOB TITLE: Ambulance daven
TYPES OF DUTIES PERFORMED: TRANSPORTING PATTO COLT
÷ ,
20/
HOURS TO BE WORKED: 20hrs / week
I am aware that in my secondary employment, the City of Cleveland has no responsibility for mactions or any liability resulting therefrom, and that I must personally assume that responsibility obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
1 108:11
Employee Signature Date
AUTHORIZED BY
2/6/12
APPOINTING AUTHORITY DATE
Mart L. Flak 2-8+12.
DEPARTMENT DIRECTOR DATE
EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)



Date:

12,15,11

To:

Whom it may concern:

Subject:

BWC coverage

This letter is to inform you that our company, Donald Martens and Sons Ambulance Service, Inc. carries complete coverage with the Bureau of Workers' Compensation for the State of Ohlo. Our policy number is 88-1987 and is good through 2/29/2012. Please contact us if you have any questions.

Robert Ryan, RN

EMS Director 440-234-6000

bryan@martensambulance.com





City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Sa	
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employme	nt Request of
	Terry Scott	
	(Employee Nam	e)
Date:	January 30, 2012	2
	the attached request to a	engage in Secondary Employment mend it be
	L Approved	Disapproved
0		1/20/13
Chief, Divis	sion of Fire	Date
	Approved	Disapproved
	notan /31 60/2	3.1 JAN 2012
Martin L. F	ask, Director	Date
cc: Chief	Stubbs: After Decision	



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Terry Scott	CLASSIFICATION:	Lt.
DEPARTMENT	: Public Safety	DIVISION: Fire	
SECONDARY	EMPLOYER NAME/ADDRES	S/PHONE NUMBER	
Mentor Fire I 8467 Civic C Mentor Ohio, 440-974-5768	enter Blvd. , 44060		
JOB TITLE: E	ire Inspector		
TYPES OF DU	JTIES PERFORMED:		
Plan reviews	ons of businesses in the city of construction projects, no re alarm, sprinkler, fire pur	ew and remodels	
HOURS TO B	E WORKED:	0730-1600 @ 20 hour	rs wk
actions or an			and has no responsibility for my ally assume that responsibility or
secondary er	mployment will be revoke		affected, my authorization for appointing authority may revoke Department/Division.
Employee Sign	nature		1/15/12 Date
AUTHORIZEC) By:		1/30/12
APPOINTING	AUTHORITY	<u>.</u>	DATE
DEPARTMENT	T DIRECTOR		DATE

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)



MENTOR FIRE DEPARTMENT

8467 CIVIC CENTER BLVD. MENTOR, OHIO 44060 ADMINISTRATION 440/974-5765

FIRE PREVENTION 440/974-5768

PUBLIC EDUCATION 440/974-5769

CLEVELAND LINE 440/942-8796

> FAX 440/974-5706

January 19, 2012

To Whom It May Concern;

Please be advised, Terry Scott is a part time employee with the City of Mentor, Mentor Fire Department. The City provides Workers Compensation coverage to their employees.

If you have any questions, please contact me.

Yours in safety,

Robert M. Searles Deputy Chief

RS:san



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Directo Department of Public S		
FROM:	Paul Stubbs, Chief		
	Division of Fire		
SUBJECT:	Secondary Employm	ent Request of	
	Richard Se	rrano	
	(Employee Na		
Date:	January 30, 201	11	
	the attached request to ul consideration, I recon	engage in Secondary Emplo nmend it be	yment
	Approved	Disapproved	
10	1 821	//	
Chiof Divis	sion of Fire		
Cinei, Divis	sion of Fire	Date	
	Z Approved	Disapproved	
	noslan	3 1 JAN 2012	
Martin L. F	lask, Director	Date	
cc: Chief	f Stubbs: After Decision		



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: BICHERO SERRAND CLASSIFICATION: FGF
DEPARTMENT: Dept. of Safety DIVISION: DIV. of FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
Aeromag2000-CLE
P.O. Box 81256
Cleveland, OHIO 44/81-0256
JOB TITLE: Operations Load
TYPES OF DUTIES PERFORMED: De ICE Aircrafts
,
HOURS TO BE WORKED: Part - time
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
Kichan Sonaro 01/29/12
Employee Signature Date
AUTHORIZED BY:
APPOINTING AUTHORITY DATE
APPOINTING AUTHORITY DATE
DEPARTMENT DIRECTOR DATE

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor
Michelle Saylor



City of Cleveland Memorandum

Frank G. Jackson, Mayor

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- 4		ы		w	۰

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT:	Secondary	Employm	ent	Request	of
----------	-----------	---------	-----	---------	----

<u>David Shea</u> (Employee Name)

Date:

January 23, 2012

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

□ Approved

V12/2/2/

Chief, Division of Fire

Disapproved

Date

Approved

Disapproved

3 M JAN 2012

Martin L. Flask, Director

Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: DAVID P. SHEA CLASSIFICATION: FGFF
DEPARTMENT: Public Safety DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
DONALD MARTENS of SON AMBULANCE
6900 LAKE ABRAMS
216-234-6000
DOB TITLE: 5QUAR EMT
TYPES OF DUTIES PERFORMED:
TRANSPORTING OF PATIENTS IN COMPANY
500AD.
HOURS TO BE WORKED: PAN - 3 FM 1-2 TIMES WEEKLY
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting there from, and that I must personally assume that responsibility or obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the Department/Division.
(DDP, B)- 1/18/12
Employee Signature Date
AUTHORIZED BY:
APPOINTING AUTHORITY DATE
DEPARTMENT DIRECTOR DATE
EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Date:

12,15,11.

To:

Whom it may concern:

Subject:

BWC coverage

This letter is to inform you that our company, Donald Martens and Sons Ambulance Service, Inc. carries complete coverage with the Bureau of Workers' Compensation for the State of Ohio. Our policy number is 88-1987 and is good through 2/29/2012. Please contact us if you have any questions.

Robert Ryan, RN

EMS Director

440-234-6000

bryan@martensambulance.com





City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safet	у
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employment	Request of
	William Sibert	
	(Employee Name)	
Date:	January 30, 2012	
After caref	the attached request to engine consideration, I recomme Papproved sion of Fire	gage in Secondary Employment. nd it be Disapproved Date
	Approved	Disapproved
	700 Aas /3/2012	3; 1 JAN 26.
Martin L. F	lask, Director	Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: SIDERT, WM. J. CLASSIFICATION: FOF
DEPARTMENT: Public Safety DIVISION: FIRE CHEL 39 PROVIDED HAME/ADDRESS/BHONE NI IMPED SECONDARY EMPLOYED NAME/ADDRESS/BHONE NI IMPED TO STATE OF THE CHEL 39
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER
St. Joseph Academy
3430 POCKY RIVER Drive,
Cleveland, OH. 44110
JOB TITLE: BUS, Driver, Custadian
TYPES OF DUTIES PERFORMED:
Drive School Bus, Custodial WORK
HOURS TO BE WORKED: 20 hrs. per week
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.
Employee Signature 1-18-12 Date
AUTHORIZED BY:
APPOINTING AUTHORITY DATE
DEPARTMENT DIRECTOR DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer fisted below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

991797

01/01/2011 Thru 08/31/2011

SAINT JOSEPH ACADEMY 3430 ROCKY RIVER DR CLEVELAND, OH 44111-2937

ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123,54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits Workers' Compensation

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment,

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum

Frank G. Jackson, Mayor

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- 10	8.	.8	Ξ	

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT:	Secondary Employmen	nt Request of	•
	<u>John Simmer</u> (Employee Name	•	
Date:	February 6, 2012		
	the attached request to end consideration, I recomm		iployment.
	Approved	Disapproved	
hat	L. Flahr	9.1 12-2612	
Martin L. Fl	ask, Director	Date	

Chief Stubbs: After Decision CC:



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	John Simmerly	CLASSIFICATION:	FGF
DEPARTMEN	T: Public Safety	DIVISION: Fire	
SECONDARY	' EMPLOYER NAME/ADDRESS/F	PHONE NUMBER	
AeroMag 20 6030 Cargo Cleveland, 0	Rd		
JOB TITLE:	Aircraft Deicer		
TYPES OF D	UTTES PERFORMED:		
Deice Airpla	anes		
actions or a	ny liability resulting there from	byment, the City of Cleveland has m, and that I must personally assu	no responsibility for my me that responsibility o
	r llability insurance.	and the state of t	d subbasimenties fo
secondary of	employment will be revoked.	employment is adversely affecte I am also aware that my appointh ne operational needs of the Departm	ng authority may revok
Employee Si	gnature	Date	
AUTHORIZE	ED BY:		2/1/12
APPOINTING	G AUTHORITY ,	DAT	E
Mast	te liftshis		シ・フ・/ン
DEPARTMEN	NT DIRECTOR	. DAT	Ė

EXPIRES JANUARY 31,2013



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Acromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Acromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

	Jim Slite (Employee N	_	
Date: February 6, 2012			
	ed the attached request eful consideration, I rec	to engage in Secondary Employment ommend it be	
	•		
	eful consideration, I rec	ommend it be	

Disapproved

8 7 FEL 26/2

Date

cc: Chief Stubbs: After Decision

Martin L. Flask, Director



· CITY OF CLEVELAND - DIVISION OF FIRE · AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Jim Sliter	CLASSIFICA	TION:	FGF
DEPARTMENT:	Public Safety	DIVISION:	Fire	
SECONDARY E	MPLOYER NAME/ADDRES:	S/PHONE NUMBER		
AEROMAG 20				+
6030 CARGO CLEVELAND 952-4472				
JOB TITLE: AIF	RCRAFT DE-ICER			
TYPES OF DUT	IES PERFORMED;			
DE-ICE AIRC	RAFT			
•				
HOURS TO BE	WORKED:	16\WEEK.SEA	SONAL	
actions or any obtain other lia I further undesecondary emp	lat in my secondary em liability resulting there for its insurance. The stand that if my Citrologment will be revoked on at any time based on	rom, and that I must pe y employment is adve d. I am also aware that	ersonally assu ersely affecte my appointly of the Departm	me that responsibility d, my authorization ng authority may reve
Employee Signa	ture		Date	
APPOINTING A	IL. Flok	\$	DAT	2-7-12

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, E Department of Po		
FROM:	Paul Stubbs, Chie	ef	
	Division of Fire		
SUBJECT:	Secondary Emp	loyment Request of	
	Micha	el W. Smith	Name Add to 1
	(Employee	Name)	
Date:	December 16, 2	2011	
	the attached requ ul consideration, I	est to engage in Second recommend It be	ary Employment.
	Approved	□Disappro	ved
01	Sill .	12/11	111
Chief, Divis	ion of Fire	Date	
*	Approved	□Disappro	ved
Mantin I 5	WILL		· · · · · · · · · · · · · · · · · · ·
Martin L. Fl	ask, Director	Date	

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Michaelle Suita CLASSIFICATION	: Fire Pighter /Em-
DEPARTMENT: DIVISION:	FIDE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER	1 -d - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
6900 LAKE Abrams Drive	
Missle burg Hts.	
JOB TITLE: AMBULANCE DRIVER / EV	-17
TYPES OF DUTIES PERFORMED: TILMS PORT	Patients
	A MANAGEMENT
HOURS TO BE WORKED: 20	
I am aware that in my secondary employment, the City of Cleve actions or any liability resulting therefrom, and that I must person obtain other liability insurance.	
I further understand that if my City employment is adversely secondary employment will be revoked. I am also aware that my this authorization at any time based on the operational needs of the	appointing authority may revoke
Employee Signature	12/01/15 Date
AUTHORIZED BY	12/16/11
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2012 (NOTE:

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

881987

07/01/2011 THRU 02/29/2012

DONALD MARTENS & SONS AMBULANCE SERV INC 6900 LAKE ABRAMS DR

CLEVELAND OH 44130-3457

chiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment F Donald Taylor (Employee Name)	Request of
Date:	February 21, 2012	
	ul consideration, I recommen	age in Secondary Employment and it be Disapproved Date
Martin L. F	Approved May 4/16/2012 Jask, Director	Disapproved APT 2012 Date

cc: Chief Stubbs: After Decision



Kenewal : Stort . 2010 CITY OF CLEVELAND - DIVISION OF FIRE

AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: DONALD MY GL	CLASSIFICATION: TIME ELET
DEPARTMENT: FIRST PULLE SAFTY	DIVISION. FILE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	NUMBER
MARTIN EN	
216-281-9300	
	11.
JOB TITLE: PARA—RIC , P.	ols /AUS
TYPES OF DUTIES PERFORMED:	/ALS
HOURS TO BE WORKED: Part files	
I am aware that in my secondary employment actions or any liability resulting therefrom, and the obtain other liability insurance.	t, the City of Cleveland has no responsibility for my hat I must personally assume that responsibility or
I further understand that If my City employ secondary employment will be revoked. I am al this authorization at any time based on the ope	ment is adversely affected, my authorization for lso aware that my appointing authority may revoke rational needs of the department/division.
	2-16-12
Employee Signature	Date
AUTHORIZED BY	
and the second	2/21/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE
EXPIRES JANUARY 31, 2009 (NOTE: App	proval must be renewed annually)

2013

1279 West 73rd Street Cleveland, Ohio 44102 216-221-6000 216-281-8500 (FAX) www.MobilMartin.com

January 1, 2012

To Whom It May Concern:

Enclosed is our proof of Worker's Compensation Liability through Ohio BWC. Please let me know if you need anything else. You may reach me at scrowe@mobilmartin.com or call me at (216) 281-7777.

Sincerely,

Scott J. Crowe

HR/Payfoll Administrator



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifles the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1263014

07/01/2011 Thru 02/29/2012

MOBIL MARTIN 1279 W 73RD 5 CLEVELAND;

ohlobwc.com

Stephen Buch

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an. employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum Frank G. Jackson, Mayor

FO: Martin L. Flask, Director Department of Public Safety				
FROM: Paul Stubbs, Chief Division of Fire				
SUBJECT:	Secondary Employment I	Request of		
David Telban (Employee Name)				
Date:	January 30, 2011			
	the attached request to engul consideration, I recommen	age in Secondary Employment		
	Approved	Disapproved		
Chief, Divi	sion of Fire	1/51/12 Date		
	☑ Approved	□Disapproved		
nodan /3/boia		3 1 JAN 2012		
Martin L. F	lask, Director	Date		

cc:

Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: David J. Telban	CLASSIFICATION: Lieutenant
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	NUMBER
Cleveland Clinic / 9300 Euclid Avenue / 1-440-8	24-6116
JOB TITLE: Paramedic	
TYPES OF DUTIES PERFORMED:	
Patient care, Documentation	
HOURS TO BE WORKED: I am aware that in my secondary employment	t, the City of Cleveland has no responsibility for m
obtain other liability insurance.	that I must personally assume that responsibility o
I further understand that If my City emplo- secondary employment will be revoked. I am a this authorization at any time based on the oper	yment is adversely affected, my authorization fo also aware that my appointing authority may revoke ational needs of the Department/Division.
DONCL	01.29.12
Employee Signature	Date
AUTHORIZED BY:	
Val allelle	1/31/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)

Governor John R. Kasich Administrator/CEO Stephen Buchrer ohlobwc.com 1-800-OHJOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy	No.	Ğζ	Emplo	yer	20002978	

THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

Peri	od Specified Belov	W
1st	DAY OF	January 2012
1st	DAY OF	January 2013

Subs

20002978-9 CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION	
20002978-10 CLINIC REGIONAL PHYSICIANS LLC	
20002978-11 MEDINA HOSPITAL	
20002978-12 MARYMOUNT HOSPITAL, INC.	
20002976-13 LAKEWOOD HOSPITAL ASSOCIATION	
20002978-14 CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitalian Control of the C	tals)
20002978-15 CLINIC CARE, INC.	
20002978-16 CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION	
20002978-17 LUTHERAN HOSPITAL	
20002978-18 FAIRVIEW HOSPITAL	
20002978-19 CCF HOTEL SERVICES, INC.	

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buchrer

Administrator/CEO

Governor John R, Kasich Administrator/CEO Stephen Buehrer

ohiobwe.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978

THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

Perio	d Specified Belov	N
1st	DAY OF	January 2012
1st	DAY OF	January 2013

20002978-20

CLEVELAND CLINIC HOME CARE

20002978-21

CLEVELAND CLINIC MEDICAL SERVICES, INC. (d/b/a Allogen Laboratories)

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer

Administrator/CEO

BWC-7201

ST-1

City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	equest of
	Robert Wilhelm (Employee Name)	
Date:	February 28, 2012	
	Ul consideration, I recommend	ge in Secondary Employment. I it be Disapproved Date
Martin L. F	Approved Notes Alle/2017 lask, Director	Disapproved 1 & APR 2012 Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: ROBERT E. WILHELM	classification: <u>FGF</u>
DEPARTMENT: Public Safety	DIVISION: Fire
JADAM LLC DBA 14307 PURITA CLEVELAND, ONI JOB TITLE: PIZES I DENT/O	PURITIAS HARDWARE O 44135
TYPES OF DUTIES PERFORMED: OVERSEE BUSING SALES, SERVICE,	ESS OPERATIONS, BOOK KEEPING
HOURS TO BE WORKED: 20 HPS I am aware that in my secondary employment, actions or any liability resulting there from, and obtain other liability insurance.	the City of Cleveland has no responsibility for my that I must personally assume that responsibility or
I further understand that If my City employ secondary employment will be revoked. I am all this authorization at any time based on the operation	ment is adversely affected, my authorization for so aware that my appointing authority may revoke tional needs of the Department/Division.
Folia Fullem Employee Signature	1-29-2012 Date
APPOINTING AUTHORITY	2/28/x2 DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 20,12

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifles the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1267292

01/01/2012 THRU 08/31/2012

JADAM INC. 4795 TURNEY RD GARFIELD HTS ON

44125-2163

ohiobwe:com

You can reproduce this certificate as needed.



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Roman Michael Vazquez (Employee Name)	equest of
Date:	January 6, 2012	
	the attached request to enga- ul consideration, I recommend	ge in Secondary Employment. I It be
1	Approved	□Disapproved
Chief, Divis	sion of Fire	Date Date
	⊠Approved	☐Disapproved
	Man happois	7 JAN 2017
Martin L. Fl	lask, Director	Date

Chief Stubbs: After Decision

cc:



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME;Michael Vazquez	CLASSIFICATION: Firefighter
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	NUMBER
City of Medina 300 W Reagan Parkway Medina OH 44256 330-725-1772	
JOB TITLE: Firefighter	
TYPES OF DUTIES PERFORMED:	
Firefighting and EMS	
HOURS TO BE WORKED:V	arious, on call department
I am aware that in my secondary employment actions or any liability resulting there from, and obtain other liability insurance.	, the City of Cleveland has no responsibility for my that I must personally assume that responsibility or
I further understand that if my City employ secondary employment will be revoked. I am a this authorization at any time based on the opera-	rment is adversely affected, my authorization for iso aware that my appointing authority may revoke ational needs of the Department/Division.
Employee Signature	/-5-12 Date
AUTHORIZED BY	1/1/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2011

F 001/001

STATE OF OHIO

BUREAU OF WORKERS! COMPENSATION

COLUMBUS OND 43215-2255:

· CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information call 1-800-OHIOBWC.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

POLICY NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

2000 THRU 05/15/2010

35205302

MEDIA POB 70. MEDIA OH

A March P. Pagan

ADMINISTRATOR

www.ohlobwc.com-

CONTOR

THIS OBSTRUCTOR WAY BE HERRODUCED AS NEEDED

OHIO BUREAU OF WORKERS' COMPENSATION.

REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public S		
FROM:	Paul Stubbs, Chief		
	Division of Fire		
SUBJECT:	Secondary Employm	ent Request of	
	Joseph Vic (Employee Na		
Date:	: February 6, 2012		
	the attached request to ul consideration, I reco	o engage in Secondary Employment mmend it be	
	Approved	Disapproved	
P		2/6/12	
Chief, Divis	sion of Fire	Date	
	MApproved ·	Disapproved	
hart	L. Elstono	# 7 FEE 2012	
Martin L. F	lask, Director	Date	

Chlef Stubbs: After Decision cc:



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:Joseph Vidlicka	CLASSIFICATION:	Firefighter
DEPARTMENT: Public Safety	DIVISION: Fire	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	NUMBER	
Southwest General Health Center 18697 Bagley Rd. Middleburg Hts. Oh. 44130 440-816-8889		
JOB TITLE: Registered Nurse	113416-11	
TYPES OF DUTIES PERFORMED:		'
Patient Care		
HOURS TO BE WORKED:	20 Hours per week	
I am aware that in my secondary employment actions or any liability resulting there from, and obtain other liability insurance.	t, the City of Clevelan that I must personall	id has no responsibility for my y assume that responsibility or
I further understand that if my City employsecondary employment will be revoked. I am a this authorization at any time based on the open	also aware that my an	pointing authority may revoke
Employee Signature	_	2-1-12
		Date
AUTHORIZED BY:		-//
APPOINTING AUTHORITY	-	DATE
Most L. Flat wat		2-8-12
DEPARTMENT DIRECTOR		DATE

EXPIRES JANUARY 31, 2013



December 19, 2011

To Whom It May Concern:

RE: Workers' Compensation

As required by law, Southwest General Health Center maintains workers' compensation coverage (policy #20003643) in the State of Ohio.

Joanne Vargo, CWCP

Workers' Compensation Specialist Southwest General Health Center

18697 Bagley Road

Middleburg Hts., OH 44130



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safet	у
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT	Secondary Employment	Paguart of
000,2011	Secondary Employment	request of
	John Andrews (Employee Name)	
	(, , , , , , , , , , , , , , , , , , ,	
Date:	February 6, 2012	
	the attached request to eng Il consideration, I recomme	age in Secondary Employment. nd it be
	Approved	Disapproved
PI	alill)	
Chief, Divis	ion of Fire	Date
	MApproved	Disapproved
hati	. Elskab	1 7 hr. 2012
Martin L. Fl	ask, Director	Date

Chief Stubbs: After Decision CC:



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	John Andrews	CLASSIFICATION: _	FGF
DEPARTMENT	: Public Safety	DIVISION: Fire	
SECONDARY I	EMPLOYER NAME/ADDRESS/PHO	ONE NUMBER	
Self Employe John Andrews	8		
	Bay Village, Ohio,		
JOB TITLE: R	eal Estate Sales and Appraisal		
TYPES OF DU	TIES PERFORMED:		
Analyze real c Work as a sole	estate markets, view properties, per proprietor in this capacity	perform appraisals and some	sales consulting.
HOURS TO BE	WORKED:	10-20 per week	
secions or othy	hat in my secondary employm liability resulting there from, a ability insurance.	eent, the City of Cleveland and that I must personally a	has no responsibility for my essume that responsibility o
SEESTINGS IN FILL	lerstand that if my City em ployment will be revoked. I all ion at any time based on the o	TI AIRN AWARA THAT PAR SAMA	indian a suble a later
John	· Ordrew		1-27-12
Employee Signa	eture -	Ĩ	Date
NUTHORIZED			
1/2/	STA		2/6/12
APPOINTING A	UTHORITY		DATE
hat	L. Flok		2-8-12
PEPARTMENT (DIRECTOR		DATE

EXPIRES JANUARY 31, 2013



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

одон чогов овеч елидениот ег кешрогак,

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by faw. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted,

TEMPORARY CERTIFICATE

Period Specified Below

CONFIRMATION NUMBER: APPLICATION NUMBER: 75508757

John Andrews Appraisal Affiliates

вау Village, ОН

2/3/2012 Thru 8/31/2012

ohjobwc.com

Stephen Buch

You can reproduce this certificate as needed

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment,

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief		
	Division of Fire		
SUBJECT:	Secondary Employmen	t Request of	
	Sean Andrew (Employee Name	-	
Date:	February 28, 2012	2	
I reviewed After carefi	the attached request to end of the consideration, I recomm	ngage in Secondary Employment. end it be Disapproved	
Chief, Divis	ion of Fire	2/28/12 Date	
	Approved	Disapproved	
	moderal	1 篇 新 · · · · · · · · · · · · · · · · · ·	
Martin L. Fl	ask, Director	Date	

cc: Chief Stubbs: After Decision

Renewel: Start 2010



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: SEAK Andrews	CLASSIFICATION:
DEPARTMENT: SAC	DIVISION: FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE Plus Univer Corp 30250 Carte 12	
440-349-2750	
JOB TITLE: DUZIUEVZ	
TYPES OF DUTIES PERFORMED:	-les : /
HOURS TO BE WORKED: 20	
I am aware that in my secondary employment, actions or any liability resulting therefrom, and tobtain other liability insurance.	the City of Cleveland has no responsibility for my that I must personally assume that responsibility or
I further understand that If my City employ secondary employment will be revoked. I am all this authorization at any time based on the opera	ment is adversely affected, my authorization for iso aware that my appointing authority may revoke tional needs of the department/division.
Employee Signature	Date
AUTHORIZED BY	2/28/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2095





THE PLAS-MAC CORPORATION

30250 CARTER STREET SOLON, OHIO 44139 440-349-2750 FAX 440-349-3023

January 18, 2012

Subject:

Sean Andrews

ris Sweet

To Whom It May Concern:

Mr. Sean Andrews has been employed at The Plas-Mac Corporation as a truck driver Part-Time since June 28, 1999.

He is covered by our Workers' Compensation Plan through The Ohio Manufacturers' Association, Risk Number 762721.

If there is any other information I can relay to you or questions I can answer, please don't hesitate to contact me.

Sincerely,

Sherrie Sweet

Office Manager

Plas-Mac Corporation



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	D: Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief		
	Division of Fire		
SUBJECT:	Secondary Employment	Request of	
	John Bellflowe (Employee Name)		
Date:	January 30, 2012		
I reviewed After caref	the attached request to en ul consideration, I recommo	gage in Secondary Employment end it be	
	Approved	Disapproved	
M	List !	1/30/12	
Chief, Divis	ion of Fire	Date	
	Approved	Disapproved	
\	Man	3 1 JAN 2012	
Martin L. Fl	ask, Director	Date	
cc: Chief	Stubbs: After Decision		

An Equal Opportunity Employer

cc:



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (FORM A)

NAME:	John J. Bellfower	CLASSIFICATION:	Lieutenant
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY EI	MPLOYER NAME/ADDRESS/PHONE	NUMBER	
St. John Medic 29000 Center F Westlake, Ohio Ph: (440) 827-:	Ridge Road.		;
OB TITLE: Re	gistered Nurse	110111111111111111111111111111111111111	
TYPES OF DUT	IES PERFORMED:		
Nursing-Pain M	lanagement Center		
HOURS TO BE	WORKED:	8 - 16 hrs per week	
actions or any	nat In my secondary employment liability resulting there from, and ability insurance.	t, the City of Clevelar that I must personal	nd has no responsibility for my ly assume that responsibility o
secondary emp	erstand that if my City employ ployment will be revoked. I am a on at any time based on the oper	ilso aware that my ar	epartment/Division. $-25-12$
Employee Signa	ture		Date
AUTHORIZED	List .		1/30/12
MEROINTING A	omokum		DATE
DEPARTMENT (DIRECTOR		DATE

EXPIRES JANUARY 31,2013



Governor John R. Kasich Administrator/CEO Stephen Buchrer ohiobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20005290

UHHS/CSAHS-Cuyahoga, Inc.
3605 WARRENSVILLE CENTER RD#
LL173/MSC9, 14
SHAKER HTS, OH 44122

Period	i Specified Belov	W
İst	DAY OF	September 201
lst	DAY OF	September 201

Subs

20005290-1

WESTSHORE PRIMARY CARE ASSOCIATES INC

THIS IS TO CERTIFY that on date hereof the above named employer having mer the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buchrer

Administrator/CEO

BWC-7201

SI-1



City of Cleveland Memorandum Frank G. Jackson, Mayor

го:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employment R	equest of
	Michael Bey	_
	(Employee Name)	
Date:	January 30, 2012	
	the attached request to enga ul consideration, I recommend	ge in Secondary Employment. I it be
	Approved	□Disapproved
Chief, Divis	sion of Fire	//30/12 Date
	Approved	☐ Disapproved
	Marian	3 1 JAN 2012
Martin L. F	lask, Director	Date

cc: Chief Stubbs: After Decision



NAME:	Michael Bey	CLASSIFICATION:	FGF
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/	PHONE NUMBER	
Aeromag 2000 6030 Cargo Rd Cleveland, Oh 1-216-267-331	l io 44135		
JOB TITLE: De	-ice of Airplanes		
TYPES OF DUT	TES PERFORMED:		
De- Ice			
HOURS TO BE	WORKED:	20 hrs	
actions or any		oyment, the City of Cleveland m, and that I must personally a	
secondary emp	ployment will be revoked, ion at any time based on the	employment is adversely afformation is adversely afformation and the second second in the second second in the second sec	pinting authority may revoke
AUTHORIZED	W LD		, ,
APPOINTING A	UTHORITY		//30/12 DATE
DEPARTMENT I	DIRECTOR		DATE

(NOTE: Approval must be renewed annually)

EXPIRES JANUARY 31, 2013



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Acromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Michelle Saylor

Sincerely,



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safet	у
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employment	Request of
	Marcus Black	
	(Employee Name)	
Date:	January 30, 2012	
	the attached request to enquipolation of the consideration, I recomme	gage in Secondary Employment. nd it be
	Approved	Disapproved
111		1/20/10
Chief, Divis	sion of Fire	Date
,		
	4 Approved	Disapproved
	nota	3 1 JAN 2012
Martin L. F	lask, Director	Date
cc: Chie	f Stubbs: After Decision	
cor crite:	Dealer (Med Decide)	

An Equal Opportunity Employer



NAME: MARCUS DLACK	CLASSIFICATION: FIRST GRADE FIREFIGHTER
DEPARTMENT: SAFETY	DIVISION: OF FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	
CLEVELAND CliNic EVENT MEDICIN	ie 9500 Euclio Ave
CLEVELAND OHIO 44106 2460 440-8	24-6116
LUCKER'S COMPENSATION CONTACT MIC	HELLE CEPIK
JOB TITLE: PARAMEDIC	
TYPES OF DUTIES PERFORMED: MEDICAL	ASSISTANCE, STABILIZATION AND
PATIENT CARE	
HOURS TO BE WORKED: 4-16 HOURS PE	r week
I am aware that in my secondary employment actions or any liability resulting therefrom, and obtain other liability insurance.	t, the City of Cleveland has no responsibility for mo that I must personally assume that responsibility o
I further understand that if my City employsecondary employment will be revoked. I am a this authorization at any time based on the open	yment is adversely affected, my authorization fo also aware that my appointing authority may revok- ational needs of the department/division.
Employee Signature	Jan 218+ 2012
AUTHORIZED BY:	1/30/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)

30 W. Spring St. Columbus, OH 43215-2256 Governor John R. Kasich Administrator/CEO Stephen Buehrer ohiobwc.com 1-800-OHIOBWC

January 2013

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 2000	0297	ŏ.
----------------------------	------	----

THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

LC1100	I Specified Belov	w
1st	DAY OF	January 2012

DAY OF

Ist

Subs

20002978-1	CLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEDINA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-16	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer Administrator/CEO

BWC-7201

SI-1



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safet	y
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment	Request of
	<u>Carmelo Borge</u> (Employee Name)	<u>5</u>
Date:	January 23, 2012	
	Il consideration, I recomme	age in Secondary Employment. Disapproved Date
	P Approved	Disapproved
	nodas 1/31/2010	3 1 JAI 2012
Martin L. F	lask, Director	Date

cc: Chief Stubbs: After Decision



03/2010

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Carnelo Borges CLASSIFICATION:	FG F
DEPARTMENT: Public Safety DIVISION: Fire	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER SWEN;	le sustice Center
93	00 Quinay 44101
(2	16) 443-3148
JOB TITLE: Detention officer	,
TYPES OF DUTIES PERFORMED: provide the best pos	sible care, welfare,
TYPES OF DUTIES PERFORMED: Provide the best pos and Security of Detention Center residen Management techniques and establish	ents Utilizing behavior
management techniques and establish	red policies and proce
HOURS TO BE WORKED: 20 h RS Weekly	
I am aware that in my secondary employment, the City of Cleveland actions or any liability resulting there from, and that I must personally obtain other liability insurance.	
I further understand that If my City employment is adversely affi secondary employment will be revoked. I am also aware that my app this authorization at any time based on the operational needs of the Dep	ointing authority may revoke
	1/21/19
Employee Signature	Date
AUTHORIZED BY:	
APPOINTING AUTHORITY	1/24/12 DATE
DEPARTMENT DIRECTOR	DATE
EXPIRES JANUARY 31, 2012 (NOTE: Approval must be rener	wed annually)

Certificate of Coverage

-> To: Carmelo BORGES

Ohio Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

31800001

01/01/2011 Thru 05/15/2012



ohiobwo.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohlo Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation benefits under the Workers' Compensation and

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment,

P-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Direct Department of Public	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employn	ment Request of
	Edward B (Employee N	
Date: February 6, 2012		
	the attached request of consideration, I reco	to engage in Secondary Employment.
	Approved	Disapproved
M	THE STATE OF THE S	2/6/12
Chief, Divis	sion of Fire	Date
	☑Approved	Disapproved
marte L	. Flabors	8 7 FLE 2012
Martin I E	lack Director	Date

Chlef Stubbs: After Decision cc:



NAME:	Edward Brady	CLASSIFICATION:	Captain
DEPARTMENT:	Public Safety	DIVISION: Fire	•
SECONDARY EM	PLOYER NAME/ADDRI	ESS/PHONE NUMBER	
AeroMag2000 6030 Cargo Rd Cleveland, OH 4	14135		
JOB TITLE: Airc	raft Deicer	,	
TYPES OF DUTI	ES PERFORMED:		
Deice Airplanes			
HOURS TO BE V	WORKED:	seasonal employment, 0 to 16 h	ours per week
I am aware tha actions or any l obtain other lial	liability resulting ther	employment, the City of Clevel re from, and that I must persona	and has no responsibility for my ally assume that responsibility or
secondary emp	loyment will be revo	City employment is adversely ked. I am also aware that my on the operational needs of the	affected, my authorization for appointing authority may revoke Department/Division.
Edu	1/8-	1	1/30/12
Employee Signal	ture		Daté '
AUTHORIZED B	× 8/1		2/1/12
APPOINTING AL	JTHORITY , A		DATE
mart	V. Flah		3.7-12
DEPARTMENT D	DIRECTOR		DATE

EXPIRES JANUARY 31,2013

(NOTE: Approval must be renewed annually)



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Acromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety			
FROM:	Paul Stubbs, Chief			
	Division of Fire			
SUBJECT:	Secondary Employment R	Request of		
	Johnny Brewing (Employee Nam			
D-11-		ie <i>)</i>		
Date:	January 23, 2011			
	the attached request to enga ul consideration, I recommen	age in Secondary Employment id it be		
	Approved	Disapproved		
101	1 State	1/20/10		
Chief, Divis	sion of Fire	Date		
	∰ Approved	Disapproved		
-	Mar	3 1 JAN 2012		

Date

Chief Stubbs: After Decision cc:

Martin L. Flask, Director



NAME: <u>Johnny Brewington</u>	CLASSIFICATION: <u>Battalion Chief</u>
DEPARTMENT: <u>Public Safety</u>	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHO	DNE NUMBER
Cuyahoga Community C	College Fire Training Academy
11000 Pleasant Valley F	Road 44130-5199
TYPES OF DUTIES PERFORMED: <u>State of</u>	Ohio 240 Hours Firefighter Course.
I am aware that in my secondary employn	per semester based on schedule availability nent, the City of Cleveland has no responsibility for my and that I must personally assume that responsibility or
obtain other liability insurance. I further understand that if my City emsecondary employment will be revoked. I a	ployment is adversely affected, my authorization for m also aware that my appointing authority may revoke operational needs of the department/division.
Employee Signature	<u>January 9, 2012</u> Date
AUTHORIZED BY	1/31/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2012 (NOTE: Approval must be renewed annually)



Governor John R. Kasich Administrator/CEO Stephen Buehrer ohiobwe.com 1-806-OH/OBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20005579

CUYAHOGA COMMUNITY COLLEGE
700 CARNEGIE AVE
CLEVELAND, OH 44115

Period Specified Below

1st DAY OF September 2011

1st DAY OF September 2012

Subs

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer Administrator/CEO

BWC-7201

SI-1



City of Cleveland Memorandum Frank G. Jackson, Mayor

10:	Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment R Rudolph Buffingt (Employee Name)	
Date:	February 6, 2012	
I reviewed After carefu	al consideration, I recommend	ge In Secondary Employment. d it be Disapproved Date
	Approved	☐Disapproved
Martin L. Fl	i. Flace Mask, Director	Pate 7 PE: 7

cc: Chief Stubbs: After Decision



NAME:	Rudolph Buffington	CLASSIFICATION:	Firefighter
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/PHONE N	UMBER	
City of Woodn 27899 Chagrin Woodmere, Oh	blvd.		
30B TITLE: <u>Fi</u> n	efighter		
TYPES OF DUT	TES PERFORMED:		
Fire prevention	and suppression, provide basic med	ical services.	
HOURS TO BE	WORKED:	16	- 1
actions or any	nat in my secondary employment, liability resulting there from, and t ability insurance.		
secondary emp	erstand that If my City employn ployment will be revoked. I am als ion at any time based on the operat	so aware that my app	pointing authority may revoke
Employee Signa	nture	-	//27//2 Date
APPOINTING A Martine DEPARTMENT I	UTHORITY.		2/6/12 DATE 2-7-/2- DATE

(NOTE: Approval must be renewed annually)

03/2010

EXPIRES JANUARY 31, 2012



THOMAS M. CORNHOFF TREASURER

The Village of Woodmere

"Gateway To The Chagrin Valley"

27899 Chagrin Boulevard • Woodmere Village, Ohio 44122
216/831-9511

January 24, 2012

To Whom It May Concern:

This letter is to inform you that Rudolph Buffington is employed part time by the Village of Woodmere. If Mr. Buffington were to be injured on the job, he would be covered by workers compensation. If you have any questions, you may contact me at 216-831-9511.

Sincerely,

Nel hardh Staif
Deborah Gray

Finance Clerk

cc: file



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT:	Secondary Employment Request or
	Rudolph Buffington
	(Employee Name)

Date:

February 6, 2012

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

Approved

Disapproved

Chief, Division of Fire

Date

Approved

__Disapproved

Martin L. Flask, Director

@ 7 FEE 2017

Date

cc: Chief Stubbs: After Decision



NAME: Rud olph BuffingTodclassificati	ION: FIRE fighter
DEPARTMENT: Public Safety DIVISION: E	Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER Den ald Marifers & Sons 6000 Cake Abrams Da Middleburg HTS OHTO	
JOB TITLE: FIRE FIGHTER	Allen and
TYPES OF DUTIES PERFORMED:	
HOURS TO BE WORKED:	
I am aware that in my secondary employment, the City of Clactions or any liability resulting there from, and that I must per obtain other liability insurance.	
I further understand that if my Clty employment is adverse condary employment will be revoked. I am also aware that this authorization at any time based on the operational needs of	my appointing authority may revoke
A Val	2/4/12
Employee Signature	Date /
AUTHORIZED BY:	2/6/12
Month L. Flack	2.7-12
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31,2013 (NOTE: Approval must be renewed annually)



Date:

12,15,11.

To:

Whom it may concern:

Subject:

BWC coverage

This letter is to inform you that our company, Donald Martens and Sons Ambulance Service, Inc. carries complete coverage with the Bureau of Workers' Compensation for the State of Ohio. Our policy number is 88-1987 and is good through 2/29/2012. Please contact us if you have any questions.

Robert Ryan, RN

EMS Director

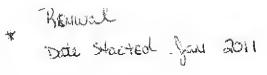
440-234-6000

bryan@martensambulance.com









то:	Martin L. Flask, Director Department of Public Safet	у
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment	Request of
	<u>Mark Butler</u> (Employee Name)	
Date:	February 21, 2012	
After care	ful consideration, I recomme	
Chief, Divi	ision of Fire	Date
	MApproved Mapproved Mapproved	Disapproved APR 2012
Martin L. I	Flask, Director	Date

cc: Chief Stubbs: After Decision



NAME: NAME:	fark Butler	CLASSIFICATION: _	FGF
DEPARTMENT: Public	c Safety	DIVISION: Fire	
SECONDARY EMPLOY	ER NAME/ADDRESS/	PHONE NUMBER	
Self-Employed Mark Butler	Cleveland, OH 4	4144	
JOB TITLE: Appraiser			
TYPES OF DUTIES PE	RFORMED:		
Residential appraisal	services, including v	iewing properties, and routine o	office work.
HOURS TO BE WORK I am aware that in actions or any liabilit obtain other liability i	my secondary empi y resulting there fro	loyment, the City of Cleveland	d has no responsibility for my v assume that responsibility or
secondary employme	ent will be revoked.	employment is adversely a I am also aware that my ap he operational needs of the De	ffected, my authorization for pointing authority may revoke epartment/Division.
AUTHORIZED BY APPOINTING AUTHOR	III m	May 4/4/2012	2/2//12 DATE
DEPARTMENT DIRECT	TOR		DATE

EXPIRES JANUARY 31, 2012

(NOTE: Approval must be renewed annually)

13



Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

TEMPORARY CERTIFICATE

Period Specified Below

CONFIRMATION NUMBER: 75508669

2/3/2012 Thru 8/31/2012

Mark Butter

Cleveland, OH 44

ohlobwc.com

Steph Bull

You can reproduce this certificate as needed

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers'

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum

Frank G. Jackson, Mayor

TO:

Martin L. Flask, Director

Department of Public Safety

FROM:

Paul Stubbs, Chief

Division of Fire

SUBJECT: Secondary Employment Request of

Angelo Calvillo (Employee Name)

Date:

January 23, 2012

I reviewed the attached request to engage in Secondary Employment. After careful consideration, I recommend it be

Approved

Chief, Division of Fire

Disapproved

Date

Approved

Disapproved

3 n JAN 2012

Martin L. Flask, Director

Date

cc: Chlef Stubbs: After Decision



NAME: ANGELO CACUILLO CLASSIFICATION: CAPTAIN	
DEPARTMENT: SAFETY DIVISION: TIRE	
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER	
BROOKLYN HEIGHTS F.D.	
345 TUXEDO AVE.	
BROOKLYN HTS. 0410 44131 216-351-350	12
CAPTAIN: SUPRESSION & MEDICAL EMERCENCIES	
TYPES OF DUTIES PERFORMED: SUPA & SSIUN /MEDICAL CALLS	
INSPECTIONS.	
HOURS TO BE WORKED: 20 HRS / WEEK	
I am aware that in my secondary employment, the City of Cleveland has no responsibility for my actions or any liability resulting therefrom, and that I must personally assume that responsibility or obtain other liability insurance.	
I further understand that if my City employment is adversely affected, my authorization for secondary employment will be revoked. I am also aware that my appointing authority may revoke this authorization at any time based on the operational needs of the department/division.	
1-11-2012	
Engologee Signature Date	
AUTHORIZED BY: 1/24/12	
APPOINTING AUTHORITY DATE	
DEPARTMENT DIRECTOR DATE	

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)



Brooklyn Heights Fire Department 345 Tuxedo Avenue Brooklyn Heights Ohio 44131

Michael Lasky Fire Chief Office: (216) 351-3542 Fax: (216) 749-0892

January 4, 2012

City of Cleveland Division of Fire

To Whom It May Concern:

This letter is to verify that Angelo Calvillo is a Part-time / as needed Fire Fighter for the Village of Brooklyn Heights. Angelo is covered by our Worker's Compensation # 31811703 while on duty for the Village of Brooklyn Heights.

With regards,

Michael Lasky,

Fire Chief

Village of Brooklyn Heights

ML/djt



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	<i>'</i>
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment F	Request of
	Ghadi Cole (Employee Name)	
Date:	February 21, 2012	
I reviewed After carefu	the attached request to engan of consideration, I recommen	age in Secondary Employment. Id it be Disapproved
Chief, Divis	STATE OF THE PARTY	2/2//2 Date
	Approved	Disapproved
Martin L. Fl	ask, Director	Date

cc: Chlef Stubbs: After Decision



NAME: Thadi K. Cole	CLASSIFICATION: FGF
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	UMBER
JOB TITLE: Firefighter / Pasa. TYPES OF DUTIES PERFORMED: Protect	medic * serve city of Oakwoo
HOURS TO BE WORKED: 20 //b	the City of Cleveland has no responsibility for my
	hat I must personally assume that responsibility or
I further understand that If my City employed secondary employment will be revoked. I am also this authorization at any time based on the operations.	ment is adversely affected, my authorization for so aware that my appointing authority may revoke tional needs of the Department/Division.
Employee Signature	2/16/2012 Date
AUTHORIZED BY:	2/2//2
APPOINTING AUTHORITY MALE MAN	DATE
DEPARTMENT DIRECTOR	DATE

(NOTE: Approval must be renewed annually)

03/2010

EXPIRES JANUARY 31, 2013



Fire Chief James R. Schade

14 February 2012

To whom it may concern;

This letter is to verify that Ghadi Cole is employed by The Oakwood Village Fire Department. Mr. Cole is also covered under Workman's Compensation.

If you require any additional information, please feel free to contact me at 440-232-6695.

Jim Schade Fire Chief

City of Cleveland Memorandum Frank G. Jackson, Mayor

TO: Martin L. Flask, Director Department of Public Safety		
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employm	ent Request of
	Brent Collii (Employee Na	
Date:	January 5, 201;	
	Il consideration, I recor	engage in Secondary Employment. nmend it be Disapproved Date
	Approved 3/26/	Disapproved
Martin L. Fl	ask, Director	Date

cc: Chief Stubbs: After Decision



NAME:	BRENT COLLINS	CLASSIFICATION: _	ASSIT, CHIEF
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY EN	APLOYER NAME/ADDRESS/PHONE N	UMBER	
CITY OF PARI 6281 PEARL R 440-884-9600	MA HTS LD. PARMA HTS.,OHIO 44130		
JOB TITLE; <u>SA</u> I	FETY DIRECTOR		
TYPES OF DUT	IES PERFORMED:		
POLICE/FIRE	ADMINISTRATOR		•
actions or any	at In my secondary employment, i liability resulting there from, and th		
I further unde secondary emp	bility insurance. Prestand that if my City employment will be revoked. I am also at any time based on the operation	aware that my app	ointing authority may revoke
Employee Signet	ure	•	Date
AUTHORIZED B	Jill .		1/12/12 DATE
DEPARTMENT D	IRECTOR		DATE

EXPIRES JANUARY 31, 2017

(NOTE: Approval must be renewed annually)

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

31807002

01/01/2011 Thru 05/15/2012



ohlobwc.com

Steph Bull

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Bureau of Workers'

You must post this language with the certificate of premium payment.

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety			
FROM:	Paul Stubbs, Chief			
	Division of Fire			
SUBJECT:	Secondary Employment R	equest of		
	<u>Kevin Cooney</u> (Employee Name)			
Date:	te: February 6, 2012			
	Approved	ge in Secondary Employment. d it be Disapproved Date		
hat	Approved	Disapproved		

cc: Chief Stubbs: After Decision



NAME:	Kevin Cooney	CLASSIFICATION:Lt.
DEPARTMENT	Public Safety	DIVISION: Fire
SECONDARY E	EMPLOYER NAME/ADDRESS/F	PHONE NUMBER
Fairview Hosp 18101 Lorain Cleveland, Oh 216-476-7000	iio 44111	r c Haringan Maringan
100 777 5. 0		
	egistered Nurse	
TYPES OF DU	TIES PERFORMED:	
Nursing duties	s and others as required.	20
HOURS TO BE	WORKED:	20
actions or any obtain other li I further und secondary em	Ilability resulting there from lability insurance. derstand that If my City inployment will be revoked.	oyment, the City of Cleveland has no responsibility form, and that I must personally assume that responsibility employment is adversely affected, my authorization I am also aware that my appointing authority may represent one operational needs of the Department/Division. $ \frac{1}{3a} \frac{2a}{2a} = 12a$
Employee Sign	ature	Date
APPOINTING APPOINTING A	Jishi .	DATE DATE

EXPIRES JANUARY 31, 2013

(NOTE: Approval must be renewed annually)

30 W, Spring St. Columbus, OH 43215-2256 Governor John R. Kasich Administrator/CEO Stephen Buehrer ohlobwc.com

1-800-OHIQBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978

THE CLEVELAND CLINIC FOUNDATION
25875 SCIENCE PARK DR # AC118
BEACHWOOD, OH 44122

Period Specified Below		
1st	DAY OF	January 2012
lst	DAY OF	January 2013

Subs

20002978-1 CLEVELAND CLINIC HOME CARE SERVICES 20002978-9 CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION 20002978-10 CLINIC REGIONAL PHYSICIANS LLC 20002978-11 MEDINA HOSPITAL 20002978-12 MARYMOUNT HOSPITAL, INC. 20002978-13 LAKEWOOD HOSPITAL ASSOCIATION 20002978-14 CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillcrest & South Pointe Hospitals) 20002978-15 CLINIC CARE, INC. 20002978-18 CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION 20002978-17 **LUTHERAN HOSPITAL** 20002978-18 FAIRVIEW HOSPITAL 20002978-19 CCF HOTEL SERVICES, INC.

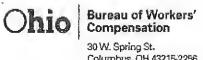
THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer Administrator/CEO

BWC-7201

SI-1

1-800-OHIOBWC



Columbus, OH 43215-2256

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978

THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

Period Specified Below DAY OF January 2012 lst DAY OF January 2013 1st

20002978-20

CLEVELAND CLINIC HOME CARE

20002978-21

CLEVELAND CLINIC MEDICAL SERVICES, INC. (d/b/a Allogen Laboratories)

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buehrer

Administrator/CEO

BWC-7201

SI-L

City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety			
FROM:	Paul Stubbs, Chief Division of Fire			
SUBJECT:	Secondary Employment R	equest of		
	<u>Martin Corrigan</u> (Employee Name)			
Date:	March 15, 2012			
	Il consideration, I recommend	ge in Secondary Employment. d it be Disapproved 3/2/2 Date		
	MApproved Modal Alubor	Disapproved		
Martin L. Fi	ask, Director	Date		

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (FOLM A)

		". "	
NAME: M. CORRIGE DEPARTMENT: SAVER	CLASSIFICATION:	L+.	
DEPARTMENT: SAVER	DIVISION:	TOU	
SECONDARY EMPLOYER NAME/ADDRESS/PHO	ONE NUMBER		
3278 1015	6		
du dic			
JOB TITLE: SAS CVTTV	7		
TYPES OF DUTIES PERFORMED:CO	or gress		
HOURS TO BE WORKED: 20			
I am aware that in my secondary employm actions or any liability resulting therefrom, a obtain other liability insurance.	and that I must personal	y assume that	responsibil
I further understand that if my City em secondary employment will be revoked. I at this authorization at any time based on the o	m also aware that my a	opolnting autho	inter may in
Employee Signature	<u> </u>	1-31-	- 2
AUTHORIZED BY:	,	3/1	5/10
APPOINTING AUTHORITY	1 4/16/20	DATE	
DEPARTMENT DIRECTOR	1. m. 12.	DATE	
EXPIRES JANUARY 31, 2009 (NOTE:	Approval must be rer	iewed annual	A)

Ohio

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43216

Certificate of Premium Payment

This certifles the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1312292

03/08/2012 THRU 08/31/2012

MARTIN A CORRIGAN MC CUTTING 3278 W 1 STH SE CLEVELAND OH 44111-25

chiebwe,com

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

Surcau of Workers' Compensation

You must post this language with the cartificate of pramium payment.

City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety			
FROM:	Paul Stubbs, Chief Division of Fire			
SUBJECT:	Secondary Employment	Request of		
	<u>Daniel Cotleur</u> (Employee Name)			
Date:	January 23, 2012			
	the attached request to engular consideration, I recomme	gage in Secondary Employment. and it be		
	Approved	Disapproved		
Chief, Divis	sion of Fire	<u> </u>		
	@ Approved	Disapproved		
	Mar	3 p JAN 2012		
Martin L. F	lask, Director	Date		
cc: Chief	f Stubbs: After Decision			



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: DANIEL COTLEUR, CLAS	SIFICATION: FEF
DEPARTMENT: Public SAFETY DIVIS	SION: DIVISION OF FIRE
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBE	R
Village of Coychoga Hts	
4863 East 715+	
Cuyahoga Hts OHIO 44125	
JOB TITLE: Firefighter	A A A A A A A A A A A A A A A A A A A
TYPES OF DUTIES PERFORMED: Firefighter,	EMT Duties for
Village of Cuyahaga Hts.	
HOURS TO BE WORKED: 26 HRS/L	rek
I am aware that in my secondary employment, the of actions or any liability resulting therefrom, and that I mobtain other liability insurance.	City of Cleveland has no responsibility for monust personally assume that responsibility o
I further understand that if my City employment secondary employment will be revoked. I am also away this authorization at any time based on the operations	are that my appointing authority may revok
Dain O Cattern	01/02/12
Employee Signature	Date (
AUTHORIZED BY:	
A PROVINCIAL ALTEROPETY	DATE
APPOINTING AUTHORITY	
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2009 (NOTE: Approval must be renewed annually)



Village of Cuyahoga Heights

4863 East 71* Street ~ Cuyahoga Heights, Ohio 44125

January 13, 2012

To Whom It May Concern:

This letter is to confirm that all employees, full and part time, of the Village of Cuyahoga Heights are covered under our Workers Compensation Policy, while working for the Village.

Should you have further questions please contact me at 216-641-7020 or a.meriwether@cuyahogaheights.com.

Sincerely,

Angel Merlwether

Payroll



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT:	Secondary Employment Re	quest of
	<u>John Coughlin</u> (Employee Name)	
Date:	January 6, 2011	
	the attached request to engage all consideration, I recommend Approved ion of Fire	
hartin L. Fl	Approved L. Flack ask, Director	Disapproved A JAN 26*. Date

Chief Stubbs: After Decision cc:

CLEVELAND FIRE DEPARTMENT

REQUEST TO ENGAGE IN SECONDARY EMPLOYMENT

NAME:	JOHN	COUGHLIN	RANK:	LŢ	Co.:		E7
SOC SEC N	UMBER:			PAYROLL	NUMBER:	20)79
HOME ADI	ORESS:			Ном	TELEPHON	E:	
NAME OF S	SECONDARY	EMPLOYER		AER	OMAG 200	00	
Address:		6030 CARGO RD	CIDY out	44135	TELEPHON	E: 26	7-0011
TYPE OF B	USINESS:		AIR	CRAFT D	EICING		
Type Of W	7ork You W	ILL PERFORM:		AIR	CRAFT DEI	CING	
Hours Yo	u Will Be E	MPLOYED FROM:	<i>y.</i>	900	То		1700
MAXIMUM	Number Of	Hours To Be Wor	KED PER	Week: _		20	
(-		MUM NUMBER OF HO AVERAGE OF 20HRS,					VТ
Superviso	r's Name :	TOM F	OWERS		TITLE: C	SENERAL	MANAGER
RESPO	NSBILITY FO	'IN MY SECONDARY OR MY ACTIONS OR AI ASSUME THAT RESPO	NY LIABILI	TY RESUL	TING THERE	FROM, AND	I MUST
AUTHORIZ	ZATION FOR S	RSTAND THAT IF MY ECONDARY EMPLOY UTY MAY BE REVOKI OPERATIONAL	MENT WII E THIS AUT	L BE REVO	OKED. I AM A ION A'T ANY '	ALSO AWAF	E THAT MY
		GAGE IN SECONDAI ERS COMPENSATIO					
REQUESTEI Approved	OBY: /DISAPPROV	1.000	LICANT, JUNE POLYSION	York	DATE; DATE		17/11
APPROVED	/DISAPPROV	ED BY THE DIRECTO	OR OF PUI	BLIC SAFE	iy On:		



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172. Sincerely,

Michelle Saylor



City of Cleveland Memorandum Frank G. Jackson, Mayor

10:	Department of Public		
FROM:	Paul Stubbs, Chlef Division of Fire		
SUBJECT:	Secondary Employ	nent Request of	
	Michael D (Employee N		
Date:	January 30, 20)12	
	Il consideration, I reco	to engage in Secondary Employrommend it be Disapproved Date	nent
	Approved Waha	Disapproved	
	lask, Director	Date	

cc:

Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: MICHAEL DARNELL	CLASSIFICATION: <u>ASSIST. CHIEF</u>
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE	NUMBER
NVR INC. 6770 W. SNOWVILLE RD. BRECKSVILLE OHIO 44141 440-343-4896	
JOB TITLE: REPAIRMAN	
TYPES OF DUTIES PERFORMED:	
COSMETIC REPAIRS ON NEW HOMES	
	, the City of Cleveland has no responsibility for my that I must personally assume that responsibility o
·	
	ment is adversely affected, my authorization fo iso aware that my appointing authority may revoke ational needs of the Department/Division.
Employee Signature	- 26 - 2_ Date
AUTHORIZED BY: APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

(NOTE: Approval must be renewed annually)

03/2010

EXPIRES JANUARY 31, 2013

Bureau of Workers' Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1388711

01/01/2012 THRU 08/31/2012

MICHAEL A JARNELL 19121 FOWLES RD CLEVELAND OH 44130-6212

ohiobwe.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers'
Compensation

You must post this language with the certificate of premium payment.

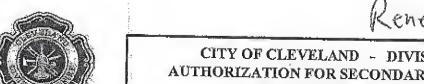
City of Cleveland Memorandum Frank C. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief	
	Division of Fire	
SUBJECT:	Secondary Employment R	Request of
	Scott Day (Employee Name)	
Date:	March 2, 2012	
I reviewed After carefu	the attached request to enga al consideration, I recommen	ige in Secondary Employment. d it be
	Approved	Disapproved
	1 81	/ /
Chief, Divis	sion of Fire	3/2/12 Date
	Approved	Disapproved
	Lowella Hickey	, 14 % AFT 2012

Date

cc: Chief Stubbs: After Decision

Martin L. Flask, Director



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	SCOTT DAY	CLASSIFICATION: FGF
DEPARTMENT	Public Safety	DIVISION: Fire
SECONDARY E	EMPLOYER NAME/ADDRESS/P	HONE NUMBER
SCOTT DAY	CONSTRUCTION INC.	
CLEVELAND	O, OHIO 44135	. • • • • • • • • • • • • • • • • • • •
216-676-9111		* * *
	,	
JOB TITLE: Q	WNER	
TYPES OF DUT	TIES PERFORMED:	
CONCRETE O	CONSTRUCTION	
	:	•
HOURS TO BE	WORKED:	20
		81
ACRIALIS OF BITA	nat in my secondary employ liability resulting there from ability insurance.	ment, the City of Cleveland has no responsibility for , and that I must personally assume that responsibility
ACADINACIA CITIE	PIPYINGIL WIII DE LEVOKEO. I	mployment is adversely affected, my authorization am also aware that my appointing authority may re operational needs of the Department/Division.
	2	131.17
Employee Signa	ture	1-31-12- Pata
AUTHORIZED B	7 1	Date
_///	Shell	1 3/2/12
APPOINTING AL	UTHORITY MALE	Alle/Sns DATE
DEPARTMENT D	PIRECTOR	DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)

30 W. Spring St, Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohlo State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1021423

01/01/2012 THRU 08/31/2012

SCOTT DAY CONSTRUCTION INC. 19115 GOLFVIEW DRIVE CLEVELAND ON 44135

ohiobwe.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers' Compensation

You must post this language with the certificate of premium payment,

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safet	у	
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employment	Request of	
	<u>Brian DeGarde</u> (Employee Name)	<u>yn</u>	
Date:	January 23, 2012		
I reviewed After carefu Chief, Divis	Il consideration, I recomme	gage in Secondary Employment and it be Disapproved Date	t.
_	MApproved MMM) (13404)	□Disapproved	
Martin L. Fl	ask, Director	Date	

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Brian deGardeyn	_ CLASSIFICATION:	h(3H
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/PI	HONE NUMBER	
AeroMag2000 P>O> Box 812 Cleveland, Oh	256		
OB TITLE: S	orayer		
TYPES OF DU	TIES PERFORMED;		
Deicing aircra	ft		
HOURS TO BE	E WORKED:	20	
actions or any			nd has no responsibility for my ly assume that responsibility or
secondary em		am also aware that my ap	affected, my authorization for ppointing authority may revoke epartment/Division.
Employee Sign	1 Sardieges		12-23-11 Date
AUTHORIZED	AUTHORITY		//24/12 DATE
DEPARTMENT	1 1-10-10-0	16012	DATE

(NOTE: Approval must be renewed annually)

03/2010 13, 2017



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor



City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety				
FROM:	Paul Stubbs, Chief Division of Fire				
SUBJECT:	Secondary Employmen	t Request of			
	<u>Mark Dossa</u> (Employee Name)			
Date:	February 6, 2012				
	the attached request to en ful consideration, I recomm		nployment.		
	Approved	Disapproved			
Chief, Divi	sion of Fire	2/6/12 Date			
	Approved	Disapproved			
mate	L. Flok ab	9 7 FES 2012			
	lask, Director	Date	•		

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Mark Dossa	CLASSIFICATION:	·1GFF
DEPARTMENT:	Public Safety	DIVISION: Fire	
SECONDARY E	MPLOYER NAME/ADDRESS/I	PHONE NUMBER	
Cleveland Clin 9500 Euclid A Cleveland, Ohi	ve		·
JOB TITLE: <u>RN</u>	N - Emergency Services Institu	ite.	MA SALES
TYPES OF DUT	TES PERFORMED:		
Nursing			
HOURS TO BE	WORKED:	PRN	
actions or any	hat In my secondary empl lability resulting there fro ability insurance.	oyment, the City of Cleveland m, and that I must personally a	has no responsibility for my assume that responsibility or
secondary em	ployment will be revoked.	employment is adversely afformation is adversely afformation and the depth of the D	pinting authority may revoke
(Wh Com		1/29/12
Employee Signa	ature		Date '
AUTHORIZED	BY		2/6/12
APPOINTING A	AUTHORITY LAND		DATE 2-12-
DEPARTMENT	DIRECTOR		DATE

EXPIRES JANUARY 31, 2013 (NOTE: Approval must be renewed annually)

Columbus, OH 43215-2256

Bureau of Workers'

Compensation

ohiobwc.com 1-800-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978 THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118 BEACHWOOD, OH 44122

Perio	d Specified Belov	W
İst	DAY OF	January 2012
1st	DAY OF	January 2013

Subs

20002978-1	CLEVELAND CLINIC HOME CARE SERVICES
20002978-9	CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION
20002978-10	CLINIC REGIONAL PHYSICIANS LLC
20002978-11	MEOINA HOSPITAL
20002978-12	MARYMOUNT HOSPITAL, INC.
20002978-13	LAKEWOOD HOSPITAL ASSOCIATION
20002978-14	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION (Huron, Euclid, Hillicrest & South Pointe Hospitals)
20002978-15	CLINIC CARE, INC.
20002978-16	CLEVELAND CLINIC HEALTH SYSTEM - WESTERN REGION
20002978-17	LUTHERAN HOSPITAL
20002978-18	FAIRVIEW HOSPITAL
20002978-19	CCF HOTEL SERVICES, INC.

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buchrer Administrator/CEO

BWC-7201

SI-1

Governor John R. Kasich Administrator/CEO Stephen Buehrer ohiobwc.com 1-900-OHIOBWC

CERTIFICATE OF EMPLOYER'S RIGHT TO PAY COMPENSATION DIRECTLY

To be posted in employer's place or places of employment in compliance with Sec. 4123.83 of the Ohio Revised Code. Any employer requiring more than one copy of this certificate, may reproduce as many copies of the certificate (without any alterations or changes) as required.

Policy No. & Employer 20002978	Period Specified Belov	V
THE CLEVELAND CLINIC FOUNDATION 25875 SCIENCE PARK DR # AC118	1st DAY OF	January 2012
BEACHWOOD, OH 44122	1st DAY OF	January 2013

20002978-20

CLEVELAND CLINIC HOME CARE

20002978-21

CLEVELAND CLINIC MEDICAL SERVICES, INC. (d/b/a Allogen Laboratories)

THIS IS TO CERTIFY that on date hereof the above named employer having met the requirements provided in Section 4123.35 of the Ohio Revised Code has been granted authority by the administrator to pay compensation directly to its injured or dependents of killed employees as provided in said Section for the period above set forth.

Stephen Buchrer

Administrator/CEO

BWC-7201

SI-I

City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety					
FROM:	Paul Stubbs, Chief					
	Division of Fire					
SUBJECT:	Secondary Employment R	equest of				
	<u>John Dudas</u> (Employee Name)					
Date:	February 28, 2012					
	the attached request to enga of consideration, I recommend	ge in Secondary Employment. d it be				
	Approved	Disapproved				
Well	Shill .	2/28/12				
Chlef, Divis	sion of Fire	Date				
	Approved	Disapproved				
	May Alleran	« a APR 2012				

Date

cc: Chief Stubbs: After Decision

Martin L. Flask, Director



03/2010

CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: John Dudas	CLASSIFICATION:
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N Carol and John's C 17462 Loran Ave Cleveland.OH" 4 216-252-0606 JOB TITLE: CFO, Carol and TYPES OF DUTIES PERFORMED: Paperwork	omic Book Shop
HOURS TO BE WORKED: 20/week	the City of Cleveland has no responsibility for my
actions or any liability resulting there from, and to obtain other liability insurance.	hat I must personally assume that responsibility or
I further understand that if my City employs secondary employment will be revoked. I am als this authorization at any time based on the operation	ment is adversely affected, my authorization for so aware that my appointing authority may revoke clonal needs of the Department/Division.
Employee Signature	1 - 30 - 2012 Date
AUTHORIZED BY	2/28/19
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE
EXPIRES JANUARY 31, 2013 (NOTE: App	roval must be renewed annually)

Bureau of Workers' hio Compensation

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1521154

01/01/2012 THRU 08/31/2012

CAROL & JOHNS COMIC SHOP INC 17462 LORAIN AVE

CLEVELAND OH 44111-4028

ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of "the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment.



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety Paul Stubbs, Chief Division of Fire		
FROM:			
SUBJECT	: Secondary Employr	nent Request of	
	<u>Jeff Dudle</u> (Employee N		
Date:	January 23, 20)12	
After care	d the attached request to ful consideration, I reco	to engage in Secondary Employment. mmend it be Disapproved Date	
	Approved	Disapproved	
	mohan	3 1 JAN 2612	
Martin L.	Flask, Director	Date	

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: JEFF DUDLEY CLASSIFICATION:	FGF
DEPARTMENT: Public Safety DIVISION: Fire	1.
SECONDARY EMPLOYER NAME/ADDRESS/PHONE NUMBER COPLE 1540 S. CLEWE (AND-MASSION RECOPLEY, DH 44321 330.666.6	
JOB TITLE: FIRE-Medic	
TYPES OF DUTIES PERFORMED: STYULTURAL FIRE	ghting/Ems
NC+TONS.	
HOURS TO BE WORKED: AU OF 20 HRS	5/WK.
I am aware that in my secondary employment, the City of Clevelan actions or any liability resulting there from, and that I must personally obtain other liability insurance.	
I further understand that if my City employment is adversely a secondary employment will be revoked. I am also aware that my ap this authorization at any time based on the operational needs of the De Λ	pointing authority may revoke
Employee Signature	1-16-12 Date
AUTHORIZED BY	1/24/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

(NOTE: Approval must be renewed annually)

EXPIRES JANUARY 31, 2013



30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, cail 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

37720304

01/01/2011 Thru 05/15/2012



ohiobwc.com

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation benefits under the Workers' Compensation and

Bureau of Workers' Compensation

You must post this language with the certificate of premium payment,

DP-29 BWC-1629 7/7/08



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO: Martin L. Flask, Direc Department of Public			
FROM:	Paul Stubbs, Chief Division of Fire		
SUBJECT:	Secondary Employm	ent Request of	
	<u>Ezzard Du</u> (Employee Na		
Date:	January 23, 20	12	
	ful consideration, I reco		
Chief Divi	Sion of Fire	Disapproved 1/29//2 Date	
Citici, Divi	Approved	Disapproved	
NP-SECO.	Mohan	3 0 JAN 2012	
Martin L. F	Flask, Director	Date	

Chief Stubbs: After Decision

CC:



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME:	Ezzard E. Durham	CLASSIFICATION: _	Firefighter
DEPARTMENT	Public Safety	DIVISION: Fire	-
SECONDARY E	EMPLOYER NAME/ADDRESS/PHON	e number	
Rural/Metro A 5171 Canal R Cuyahoga Hts 216.749.2211	oad 5, Ohio 44125		
JOB TITLE: D	river		
TYPES OF DU	TIES PERFORMED:		
actions or an	E WORKED: that in my secondary employme y liability resulting there from, an	ent, the City of Cleveland that I must personally	d has no responsibility for my assume that responsibility of
I further un secondary en	derstand that if my City emp nployment will be revoked. I am ation at any time based on the op	n also aware that my ap	pointing authority may revoke
Employee Sign	d & Durham		1/20/2012 Date
AUTHORIZED APPOINTING		· · · · · · · ·	//24/12 DATE
APPOINTING	AOTHORIT		
DEPARTMENT	F DIRECTOR		DATE

EXPIRES JANUARY 31,2012

(NOTE: Approval must be renewed annually)



January 13, 2012

To Whom It May Concern:

Please be advised that Rural/Metro Corporation has Worker's Compensation coverage under Policy Number WCUC46472160 for their employees when they are injured while working for Rural/Metro pursuant to the Ohio Revised Code.

Thank you,

Jackie Lavoie

Human Resources Generalist

Jacui Garri

Rural Metro Ambulance



City of Cleveland Memorandum Frank G. Jackson, Mayor

TO:	Martin L. Flask, Director Department of Public Safety			
FROM:	Paul Stubbs, Chief Division of Fire			
SUBJECT	: Secondary Employs	nent Request of		
	Anthony E (Employee Na			
Date:	January 30, 20	12		
	d the attached request teful consideration, I reco	to engage in Secondary Employment. Immend it be Disapproved		
Chief, Div	vision of Fire	//30/12 Date		
	Approved	Disapproved		
	notice	3 1 JAn 2012		
Martin L.	Flask, Director	Date		
cc: Chi	ef Stubbs: After Decision	on		



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (FORM A)

NAME; Anthony L. Ebel	CLASSIFICATION: FGF
DEPARTMENT: Public Safety	DIVISION: Fire
SECONDARY EMPLOYER NAME/ADDRESS/PHONE N	UMBER
AcroMag 2000 6030 Cargo Road Cleveland, OH 44135	
JOB TITLE: Aircraft Deicer	
TYPES OF DUTIES PERFORMED;	
Aircraft deicing	
HOURS TO BE WORKED: Average	between 8-20 hours per week
	the City of Cleveland has no responsibility for months and I must personally assume that responsibility o
	nent is adversely affected, my authorization fo to aware that my appointing authority may revok- tional needs of the Department/Division.
Employee Signature	1-25-2012_ Date
AUTHORIZED BY:	1/30/12
APPOINTING AUTHORITY	DATE
DEPARTMENT DIRECTOR	DATE

(NOTE: Approval must be renewed annually)

EXPIRES JANUARY 31, 2013



Michelle Saylor Aeromag2000-CLE P.O. Box 81256 Cleveland, Ohio 44181-0256

To whom it may concern:

This letter confirms that Aeromag 2000 CLE LLC has active workers compensation coverage through the Bureau of Workers Compensation for all current employees. The Bureau of Workers Compensation Risk/Policy # for Aeromag is 01562675000. If you have any questions, please call Michelle Saylor, Controller, at 216-267-7172.

Sincerely,

Michelle Saylor

Aeromag 2000 CLE, LLC P.O. Box 81256 Cleveland, Ohio 44181-0256

City of Cleveland Memorandum Frank G. Jackson, Mayor

то:	Martin L. Flask, Director Department of Public Safety	
FROM:	Paul Stubbs, Chief Division of Fire	
SUBJECT	: Secondary Employm	ent Request of
(Employe	Aaron Flav e Name)	<u>e</u>
Date: January 6, 2012		
After care	d the attached request to eful consideration, I recor Approved vision of Fire	engage in Secondary Employment. nmend it be Disapproved Date
Loute Martin L.	L. Elsh wat Flask, Director	Disapproved 1 7 JAN 2012 Date

cc: Chief Stubbs: After Decision



CITY OF CLEVELAND - DIVISION OF FIRE AUTHORIZATION FOR SECONDARY EMPLOYMENT REQUEST FORM (Form A)

NAME: Aaron J. Flave CLASSIFICATIO	DN: FGF
DEPARTMENT: Safety DIVISION:	Fire
secondary employer name/address/phone number Cleveland Tank and Supply Inc 6560 Juniata Ave. Cleveland,	1610 44103
JOB TITLE: Welder / FITTER TYPES OF DUTIES PERFORMED: Welding and Fitting	1
HOURS TO BE WORKED:	eveland has no responsibility for my
obtain other liability insurance. I further understand that if my City employment is advers secondary employment will be revoked. I am also aware that if this authorization at any time based on the operational needs of	sely affected, my authorization for my appointing authority may revoke
Francisco de Flancisco de Employee Signature	1-6-2012 Date
APPOINTING AUTHORITY	1/6/12 DATE
DEPARTMENT DIRECTOR	DATE

EXPIRES JANUARY 31, 2009

(NOTE: Approval must be renewed annually)

30 W. Spring St. Columbus, OH 43215

Certificate of Premium Payment

This certifies the employer listed below has paid into the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. For more information, call 1-800-OHIOBWC.

This certificate must be conspicuously posted.

Policy No. and Employer

Period Specified Below

1091651

07/01/2011 THRU 02/29/2012

CLEVELAND TANK & SUPPLY INC. 6560 JUNIATA AVE CLEVELAND OH 44103-1614

ohiobwc.com

You can reproduce this certificate as needed.

January 5, 2012

City of Cleveland - Division of Fire

Timothy J. O'Toole,

Aaron Flave is employed part time by Cleveland Tank & Supply, Inc. and is covered under our Bureau of Workers Compensation Policy # 1091651.

Sincerely,

Amplianomoter.

Phyllis Rothstein phyllis@clevelandtank,com 6560 Junaita Ave. Cleveland, OH 44103 216-771-8265 ext. 101 216-771-8239 fax